



ISRNM.ORG

A joint webinar of IFKF-WKA and ISRNM

Title: Eat Smart, Eat Well - World Kidney Recipes Why, What, How

Date: Wednesday, 12th October 2022 (3pm CEST)











12 October 2022

Joint webinar of the International Society of Renal Nutrition and Metabolism and International Federation of Kidney Foundations - World Kidney Alliance

Living well with Kidney Disease **Eat smart, Eat Well World Kidney Recipes** World Kidney Recipes World Kidney Recipes

Dr. SF Lui, BBS, MH, JP. President, IFKF-WKA







In partnership with



Eat Smart 😳 Eat well

WORLD KIDNEY RECIPES

.....LONG LIVE KIDNEYS AND PATIENT



WORLD KIDNEY RFCIPFS





JUNE 16-18 (THU-SAT), 2022 GUANGZHOU, CHINA HYBRID CONGRESS



Siu-Fai Lui Hong Kong, China President, IFKF-WKA ISRNM2022 20TH CONGRESS OF THE INTERNATIONAL SOCIETY OF RENAL NUTRITION AND METABOLISM

Joint webinar of International Society of Renal Nutrition and Metabolism and International Federation of Kidney Foundation -World Kidney Alliance **World Kidney Recipes**



JUNE 16-18 (THU-SAT), 2022 GUANGZHOU, CHINA

Joint ISRNM and International Federation of Kidney Foundation -World Kidney Alliance (IFKF–WKA) Session on World Kidney Recipes

() 19:45-21:15 (UTC+8), June 16

Moderator



Hong Kong, China



TALK 1 Siu-Fai Lui [Hong Kong, China]

TALK 2 Kelly Lambert [Australia] Academic Program Director, Nutrition at University of Wellorgong, Australia Developing Kidney-Friendly Recipes - Challenges and **Opportunities**



TALK 2 Lydia Lauder [Canada] Natoral Director of Programs and Public Policy. The Koney Foundation of Canada (The Koney Community Developing Kidney–Friendly Recipes – Challenges and Opportunities

Panel Discussion

United States





Kam Kalantar-Zadeh

Joel D. Kopple United States

Manvir Victor

Zarina Ebrahim











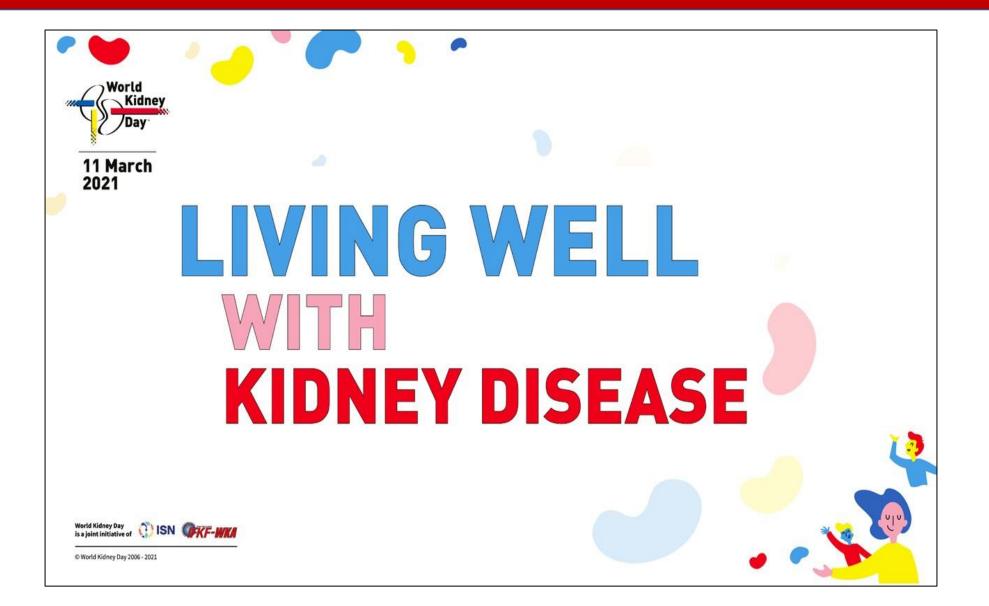
Vision

- Better kidney health for all.
- Optimal care for people affected with kidney disease.

Mission Leading a worldwide movement to

- Promote **better kidney health** with primary, secondary and tertiary preventive measures.
- Promote optimal treatment and care to maximize the health, quality of life, and longevity for people with or at high risk for developing kidney disease.

2021 World Kidney Day theme



Kidney International (Editorial) and other 35 worldwide medical journal

Symptoms

Fatigue Mobility Pain Stress/anxiety Depression Cognitive impairment Sleep problems Cramps Restless legs Gastrointestinal symptoms

Life impacts

Ability to work Ability to travel Ability to study Impact on family and friends Financial impact Dialysis-free time Dietary restrictions

Lifestyle changes Social activities

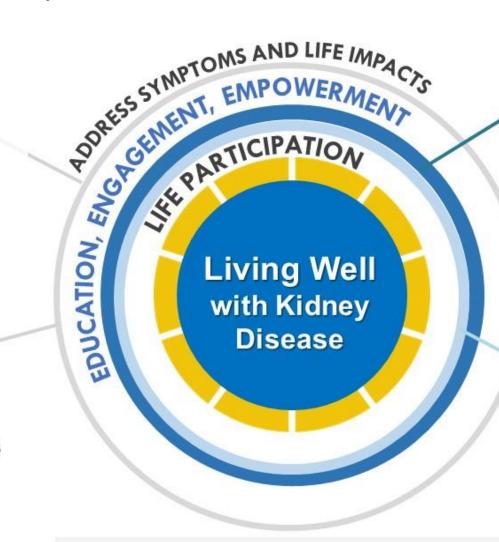


Figure 1 | Conceptual framework "Living Well with Kidney Disease" based on **patient centeredness** and **empowering patient**, with a focus on **effective symptom management** and **life participation**.

Education Engagement Empowerment

Strengths-based approach

Communication and education Build resilience Strengthen social connections Increase awareness and knowledge Access to support Build confidence and control with selfmanagement

Clinical strategies

Preserve kidney function Patient-friendly lifestyle and diet Pharmacological management Delay dialysis start if possible Incremental transition to dialysis Patient-centered dialysis prescriptions Preserve residual kidney function

WKD 2021 Pilot study 7 members of IFKF-WKA

Bangladesh Hungary Italy India Tanker Foundation India Renal Foundation Hong Kong Malaysia

Jan – February 2021 N=4807



Living well with kidney disease

Hong Kong Kidney Foundation, Hong Kong Society of Nephrology And Hong Kong Association of Renal Nurses jointly hosting

A patient survey with a questionnaire

- Are you living well?
- What may be troubling or preventing you from living well?
 - What you may do for yourself to live well?
- What you may wish others to do for you to enable you to live well?

The survey can help you to conduct a self evaluation and reflection.

We would like to know how you are doing? What may be troubling you? What we can do for you?

Please take 5 minutes to complete the on-line survey



Scan the barcode to go to the on-line survey or use this link <u>https://cutt.ly/wjpGqn4</u>

I have the following life impact problem/ concern which is affecting me from living well with kidney disease?

Banglade	esh	Hunga	ry	Italy		INDIA Tan Foundati		India Rer Foundati		Hong Ko	ng	Malays	ia
Financial impact	59%	Lifestyle changes	44%	Lifestyle changes	54%	Financial impact	64%	Ability to work	68%	Financial impact	50%	Financial impact	51%
Ability to work	40%	Ability to work	40%	Impact on family and friends	41%	Ability to work	47%	Financial impact	57%	Diet restriction	39%	Lifestyle changes	48%
Impact on family and friends	36%	Financial impact	38%	Ability to travel	39%	Diet restriction	43%	Lifestyle changes	35%	Impact on family and friends	38%	Diet restriction	40%
Lifestyle changes	13%	Ability to travel	35%	Ability to work	36%	Ability to travel	33%	Ability to travel	32%	Ability to work	38%	Social Activities	31%
Social Activities	13%	Impact on family and friends	33%	Diet restriction	35%	Lifestyle changes	23%	Diet restriction	24%	Ability to travel	35%	Ability to travel	31%

Diet restriction – selected by 5 of the 7 centres worldwide 10

2022 World Kidney Day theme



www.kidney-international.org

editorial: special report

¹St. Vincent's Hospital, Department of Medicine, University of Melbourne, Melbourne, Victoria, Australia; ²Division of Nephrology, Hypertension and Kidney Transplantation, Department of Medicine, University of California Irvine, Orange, California, USA; ³School of Nursing and Midwifery, Griffith University, Southport, Queensland, Australia; ⁴Italian Kidney Foundation, Rome, Italy; ⁵Briaham and Women's Hospital, Renal Division, Department of Medicine, Boston, Massachusetts, USA; ⁶Tamilnad Kidney Research (TANKER) Foundation, The International Federation of Kidney Foundations-World Kidney Alliance (IFKF-WKA), Chennai, India; ⁷International Society of Nephrology, Brussels, Belgium; ⁸Division of Nephrology and Hypertension, 1st Department of Internal Medicine, AHEPA Hospital, Aristotle University of Thessaloniki, Thessaloniki, Greece; ⁹Nephrology Unit, Department of Internal Medicine, Faculty of Medicine, Cairo University, Giza, Egypt; ¹⁰Renal Unit, Department of Madicina Calloon of Madicine

Kidney health for all: bridging the gap in kidney health education and literacy

Robyn G. Langham¹, Kamyar Kalantar-Zadeh², Ann Bonner³, Alessandro Balducci⁴, Li-Li Hsiao⁵, Latha A. Kumaraswami⁶, Paul Laffin⁷, Vassilios Liakopoulos⁸, Gamal Saadi⁹, Ekamol Tantisattamo², Ifeoma Ulasi¹⁰ and Siu-Fai Lui¹¹ for the World Kidney Day Joint Steering Committee¹²

Kidney International Editorial 2022 Carried by 30 medical journals worldwide

Health literacy is the degree to which **persons** and **organizations** have or equitably enable individuals to have the ability to **find**, **understand**, **and use** information and services to inform health-related decisions and actions for themselves and others.

Rather than viewing health literacy as a patient deficit, improving health literacy largely rests with health care providers communicating and educating effectively in codesigned partnership with those with kidney disease.

www.kidney-international.org

editorial: special report

¹St. Vincent's Hospital, Department of Medicine, University of Melbourne, Melbourne, Victoria, Australia; ²Division of Nephrology, Hypertension and Kidney Transplantation, Department of Medicine, University of California Irvine, Orange, California, USA; ³School of Nursing and Midwifery, Griffith University, Southport, Queensland, Australia; ⁴Italian Kidney Foundation, Rome, Italy; ⁵Briaham and Women's Hospital, Renal Division, Department of Medicine, Boston, Massachusetts, USA; ⁶Tamilnad Kidney Research (TANKER) Foundation, The International Federation of Kidney Foundations-World Kidney Alliance (IFKF-WKA), Chennai, India; ⁷International Society of Nephrology, Brussels, Belgium; ⁸Division of Nephrology and Hypertension, 1st Department of Internal Medicine, AHEPA Hospital, Aristotle University of Thessaloniki, Thessaloniki, Greece; ⁹Nephrology Unit, Department of Internal Medicine, Faculty of Medicine, Cairo University, Giza, Egypt; ¹⁰Renal Unit, Department of Madicina Calloon of Madicing

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Kidney International Editorial 2022 Carried by 30 medical journals worldwide

Kidney organizations should work towards shifting the patient-deficit health literacy narrative to that of being the responsibility of healthcare providers and health policymakers.

A pilot survey by IFKF-WKA Access to healthcare information by the kidney patients

Do you have enough healthcare/ medical information

about your kidneys and kidney disease to care for yourself?

What kind of healthcare/medical information on

- (i) kidney and kidney diseases
- (ii) treatment of kidney disease/failure
- (iii) living well with kidney disease you want to know?

Where you have obtained/ would prefer to obtain the information

on the best healthcare/ medical information on kidney disease and treatment?



Serial No:

Bridge the knowledge gap to better kidney care



International Federation of Kidney Foundations - World Kidney Alliance

A WORLD KIDNEY PATIENTS SURVEY

"Access of healthcare information for patients with kidney disease/ kidney failure"

conducted by

1	You are (or the carer of)	Tick one
а	Someone with kidney Disease	
b	Someone with kidney failure (not yet on dialysis)	
с	Someone on peritonieal dialysis	
d	Someone on haemodialysis	
e	Someone with a kidney transplant	

2 Your age

3	Your Education level	Tick one
а	High school level / Grade 10 or above / Higher education institution	
b	Junior school level / Secondary school / Grade 7-9	
с	Primary school level / Grade 1-6	
d	No formal school education	

4	Do you have enough healthcare/medical information about
	your kidneys and kidney disease to care for yourself?

Please give 1-10 point (1 =not enough, 10 =very adequate)

Enter age (in number)

5 What kind of healthcare/medical information on kidney and kidney diseases

	you want to know?	Tick one (can be many)
а	About the kidney and kidney function	
b	The common causes of kidney disease and failure	
С	Symptoms of kidney disease	
d	Am I at risk of kidney disease/ kidney failure?	
e	How can I protect my kidneys?	
f	Are my kidneys working OK? (the status of my kidney function)	
g	Other (please list)	

6 What kind of healthcare/medical information on the treatment of kidney disease/failure you want to know?

_	discuse/fundre you want to know?	Tick one (can be many)
а	Treatment of kidney disease	
b	When will I need dialysis (for those with kidney failure)	
С	What are my options for dialysis treatment (for those with kidney failure)	
d	Information on peritoneal dialysis	
e	Information on haemodialysis	
f	Information on kidney transplant	
g	Information on palliative care	
h	Information on complications of kidney disease	
i	Can alternative medicine help me?	
j	Other (please list)	

7 What kind of healthcare/medical information on living well with kidney disease

	you want to know?	Tick one (can be many)
а	How to live well with kidney disease? (work, daily life, travel)	
b	How to eat well with kidney disease?	
С	How to keep fit with kidney disease?	
d	How to manage psychological stress?	
е	How can I enhance the care for myself?	
f	The social support for patient?	
g	How to reduce the impact on family and friends?	
h	How can I continue or return to work or study?	
i	Other (plea	se list)

8	List up to three places where you have obtained the best healthcare/medical information on kidney disease and kidney treatment	List in order (1=first choice, 2=second choice, 3=third choice)
а	Hospital & clinic (e.g. visit, education class, printed patient education materials)	
b	Print media (e.g open public sources - newspapers, magazine, book, booklets)	
С	Electronic media (e.g. TV, radio)	
d	Social media (e.g. Facebook, YouTube, IG)	
е	Website (reliable, easy to find and access anytime, any where)	
f	Other patients	
g	Other source (please list)	

9 List up to three places where you would prefer to obtain the best

-	healthcare/medical information on kidney disease and kidney treatment	(1=first choice, 2=second choice, 3=third choice)
а	Hospital & clinic (e.g. visit, education class, printed patient education materials)	
b	Print media (e.g open public sources - newspapers, magazine, book, booklets)	
с	Electronic media (e.g. TV, radio)	
d	Social media (e.g. Facebook, YouTube, IG)	
e	Website (reliable, easy to find and access anytime, any where)	
f	Other patients	
g	Other source (please list)	

List in order

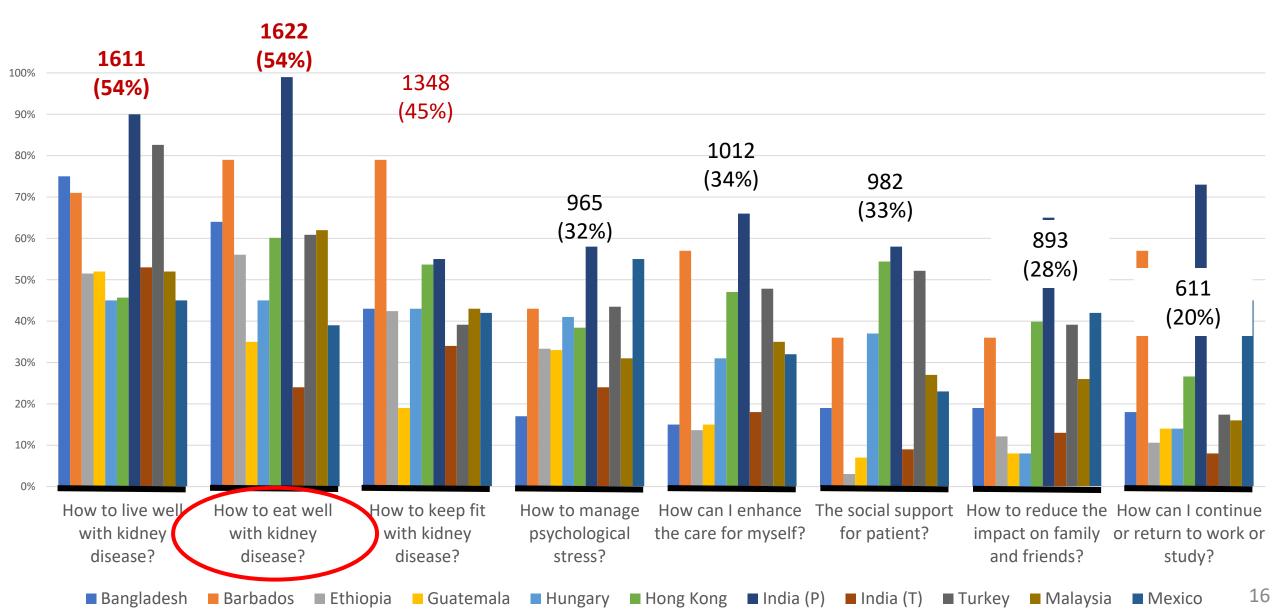
10 Please list any other suggestion

Survey conducted Jan – Feb 2022

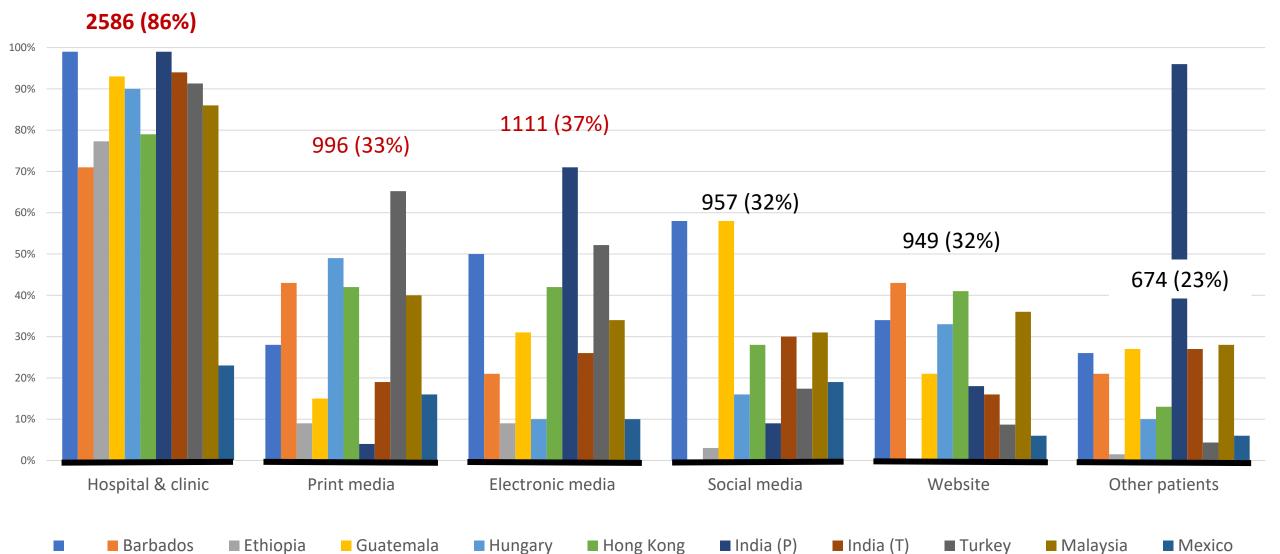
	Place	Ν
1	Bangladesh	350
2	Barbados	14
3	Ethiopia	55
4	Guatemala	91
5	Hungary	51
6	Hong Kong	1090
7	India	633
8	Turkey	23
9	Malaysia	652
10	Mexico	31
	TOTAL	3001

On line and Hard copy

What kind of healthcare/medical information on living well with kidney disease you want to know?



List up to three places where you would prefer to obtain the best healthcare/medical information on kidney disease and kidney treatment



Way forward

To enable patients and carers to <u>find</u> and <u>understand</u> healthcare information

- Enhance the skill of healthcare professionals to transfer knowledge.
- A more effective and efficient way for healthcare professionals to provide health and healthcare information (mass transfer) via website, webinar

The challenge...

- Patients wish to take control of their illness and life
 - Patients wish to live well with the disease
 - Patients need healthcare information to do so.
- A need to improve the overall health literacy in particular, on nutrition, diet and recipes (for kidney patients)

 Not readily available Shortage of renal dietitian
 Not able to get, understand and use the information

A "Life" journey with your Kidneys

<u>Stage 2-3</u>	<u>Stage 4</u>	<u>Stage 5</u>	On renal replacement
Chronic	Chronic	End stage	therapy
kidney failure	kidney failure (pre-dialysis)	kidney failure	 haemodialysis peritoneal dialysis transplant

Different dietary information and advice is required for a patient at different time. A continuum.

Know how to progressively modify/ adapt the diet and recipe

The 5 "rights" of provision of healthcare information

The right **information** (content/ context),

at the right time (stage),

by the right **source** (trustworthy, factual),

in the right format (understandable),

via the right channel / platform (most accessible).

<u>Restrictive</u> renal diet is a barrier to living well
Can it be less restrictive?
Can they eat better (well), if they eat smart(er)?
If so, how to do so?

Can they <u>get</u> the information?
Can they <u>understand</u> the information?
Can they <u>use</u> the information (day to day)?

From diet restriction

→ "Positive" eating

To eat smart, eat well Bring the joy back into eating Enjoy recipes from around from world.





National Kidney Foundation

KDOQI CLINICAL PRACTICE GUIDELINE FOR NUTRITION IN CKD: 2020 UPDATE

T. Alp Ikizler, Jerrilynn D. Burrowes, Laura D. Byham-Gray, Katrina L. Campbell, Juan-Jesus Carrero, Winnie Chan, Denis Fouque, Allon N. Friedman, Sana Ghaddar, D. Jordi Goldstein-Fuchs, George A. Kaysen, Joel D. Kopple, Daniel Teta, Angela Yee-Moon Wang, and Lilian Cuppari

Abstract

The National Kidney Foundation's Kidney Disease Outcomes Quality Initiative (KDOQI) has provided evidence-based guidelines for nutrition in kidney diseases since 1999. Since the publication of the first KDOQI nutrition guideline, there has been a great accumulation of new evidence regarding the management of nutritional aspects of kidney disease and sophistication in the guidelines process. The 2020 update to the KDOQI Clinical Practice Guideline for Nutrition in CKD was developed as a joint effort with the Academy of Nutrition and Dietetics (Academy). It provides comprehensive up-to-date information on the understanding and care of patients with chronic kidney disease (CKD), especially in terms of their metabolic and nutritional milieu for the practicing clinician and allied health care workers. The guideline was expanded to include not only patients with end-stage kidney disease or advanced CKD, but also patients with stages 1-5CKD who are not receiving dialysis and patients with a functional kidney transplant. The updated guideline statements focus on 6 primary areas: nutritional assessment, medical nutrition therapy (MNT), dietary protein and energy intake, nutritional supplementation, micronutrients, and electrolytes. The guidelines primarily cover dietary management rather than all possible nutritional interventions. The evidence data and guideline statements were evaluated using Grading of Recommendations, Assessment, Development and Evaluation (GRADE) criteria. As applicable, each guideline statement is accompanied by rationale/background information, a detailed justification, monitoring and evaluation guidance, implementation considerations, special discussions, and recommendations for future research.

In citing this document, the following format should be used: Ikizler TA, Burrowes JD, Byham-Gray LD, et al; KDOQI Nutrition in CKD Guideline Work Group. KDOQI clinical practice guideline for nutrition in CKD: 2020 update. *Am J Kidney Dis.* 2020;76(3)(suppl 1):S1-S107.

As they are designed to reflect the views and recommendations of the responsible KDOQI Work Group, based on data from an independent evidence review team, and because they undergo both internal and public review, KDOQI guidelines are not peer reviewed by *AJKD*.

The challenge:

How to adopt and apply the guideline?

How to turn it into a day-to-day practice for the patient? The World Kidney Recipes: Teaming up to Empower Patients, Care-Partners, Dietitians, and Chefs With Culinary Creativity and Multicultural Diversity in Renal Nutrition and Dietetics

Kamyar Kalantar-Zadeh, Angela Wang, Linda Moore, SF Lui

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TN A PARADIGM-SHIFTING effort to empower renal I nutrition communities with infinite kidney advocacy possibilities across cultures and boundaries throughout the world, the International Federation of Kidney Foundation-World Kidney Alliance (IFKF-WKA) and the International Society of Renal Nutrition and Metabolism (ISRNM) have teamed up and embarked on the World Kidney Recipes project. The main goal is to galvanize patients and their care partners to work with gastronomic experts and dietetic professionals, including chefs and dietitians, to inspire creativity in culinary medicine and medical nutrition therapy in kidney care.^{1,2} Additionally, advancing the concept of the World Kidney Recipes is expected to enforce multicultural diversity in renal nutrition and kidney dietetics so that these efforts can evolve into appealing experiences for all persons and providers engaged in care for patients with chronic kidney disease (CKD) in any stage and severity.3,4

Activities under the World Kidney Recipes can entail three separate but interconnected components: (1) Engage kidney healthcare professionals and kidney advocacy organizations, including kidney foundations and nephrology societies in the art and science of culinary medicine, so that barriers and gaps along with opportunities for partnership and collaboration can be identified, in an effort to become better familiarized with and appreciate the field of applied renal nutrition in support for patients with kidney disease under real-world scenarios.⁵ (2) Encourage kidney patients and their family members to overcome the constraints of the often imposed dietary restrictions by embracing diversity in multicultural recipes and joy in cooking and choice of food, aligned with the 2021 World Kidney Day's theme of "living well with kidney disease,"6 and (3) Enforce patients' and care partners' education, engagement and empower-

Financial Disdosure: The authors declare that they have no relevant financial interests.

Address correspondence to Kampar Kalantar-Zadeh, MD, MPH, PhD, University of California Irvine, Orange, CA. E-mail: kkz@uci.edu © 2021 by the National Kidney Foundation, Inc. All rights reserved. 1051-2276/836.00 https://doi.org/10.1053/j.jm.2021.08.007

Journal of Renal Nutrition, Vol 31, No 6 (November), 2021: pp 545-549

A PARADIGM-SHIFTING effort to empower renal nutrition communities with infinite kidney advocacy possibilities across cultures and boundaries throughout the world, IFKF-WKA and ISRNM have teamed up and embarked on the World Kidney Recipes project.

The main goal is to galvanize patients and their care partners to work with gastronomic experts and dietetic professionals, including chefs and dietitians, to inspire creativity in culinary medicine and medical nutrition therapy in kidney care.

Nutrition \rightarrow Diet \rightarrow Recipes for patients with kidney disease

Perspectives Challenges

Kidney Nutrition, Diet and Recipes

Perspectives

Medical doctor / nurses	 Provide the best care for the patient including nutrition aspect
Dietitians	 Assist patient to understand nutrition, explore diet option, use recipes
Patient / carer	 How can I protect (with an appropriate diet) my kidneys my life (general health) To live well

Kidney Nutrition, Diet and Recipes Challenges

Medical doctor /nurse	 Knowledge (inadequate) Time (may not be the top priority) 	
Dietitians	TimeManpower	
Patient / carer	• Patient's health literacy Able to get, understand and use information.	
Insitutation Organization	 Organizational Health Literacy To provide information that users can get and understand. 	





Why? What? How?



Joint Steering Committee of International Federation of Kidney Foundations – World Kidney Alliance and International Society of Renal Nutrition and Metabolism on Renal nutrition, Diet and World Kidney Recipes

Joint Steering Committee of World Kidney Nutrition, Diet and Recipes

IFKF-WKA

SF Lui (Hong Kong) Co-Convenor Kam Kalantar (US) Ágnes Haris (Hungarian Kidney Foundation) Carlos Castro (ALE, IAP/FEMETRE, Mexico) Joel Kopple (US) Latha Kumaraswami(India Tanker Foundation) Kelly Lambert (*Dietitian - Australia) Esther Obeng (Ghana Kidney Foundation) Ayse Onat (Turkey Kidney Foundation)

ISRNM

Angela Wang (Hong Kong) Co-Convenor Russ Price (US) Anna Laura Fantuzzi (*Dietitian – Italy) Brandon Kistler (*Dietitian – US) Csaba Kovesdy (US) Denise Mafra (*Dietitian - Brazil) Keiichi Sumida

World Kidney Recipes Working group

SF Lui, Angela Wang Maria Chan, Zarina Ebrahim Sylvia Lam, Kelly Lambert Kam Kalantar, Joel Kopple

First JSC meeting 30th July 2021 via Zoom



2021 July IFKF-WKA & ISRNM Joint Project

(1) Health literacy on Kidney Nutrition & Diet Healthcare professional Organizations (foundation) Patient group / patient and carer and the general public

(2) World Kidney Recipes

Inaugural Joint Webinar of ISRNM and IFKF-KWA 4 May 2022

Pros and Cons of Plant-based Diet for Chronic Kidney Disease

https://www.youtube.com/watch?v=TFN7nCXsV3g



International Federation of Kidney Foundation-World Kidney Alliance (IFKF-WKA)			
Title: Pros and cons of plant based diet chronic kidney disease (Live debate) Date: 4 May 2022 (3PM CEST)			
Duration		o to 60 minutes	
Opening remarks (5 mins)			
Dr. Angela Yee Moon Wang, MD, PhD President, ISRNM Hong Kong SAR		Dr Lui Siu Fai President, IFKF-WKA Hong Kong SAR	
Moderators			
Angeles Espinoza Dietitian Mexico		Kam Kalantar-Zadeh Nephrologist USA	
Speakers			
Giorgina Piccoli Italy Pros side		Joel Kopple USA Cons side	
Click here for REGISTRATION			
LIVE EVENT WITH Q and A Session			

Inaugural Joint Webinar of ISRNM and



Collections of international recipes

SF Lui 🛛 💊

Q

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Collaborations

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Membership

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Ibership Patients' Corner



Kidney-Friendly Recipes

Sponsored Recipes



Patients' Voice



About ISRNM





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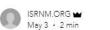
Curren

(ISRNM)

About ISRNMCurrent OfficialsKnowledge GatewayCongressKiciney-Friendly Recipes from Around the WorldDiet and Nutrition are essential for healthy eating andliving in people living with chronic kidney disease. Inthis section, you can find useful resources of kidney-friendly recipes and cooking tips from around theworld. We welcome you to share your recipes andcooking tips for a healthy kidney diet, as well as yourcomments. Feel free to email your recipes to us, wemay post it up in our blog posts!Please work with your dietitian on how to use theserecipes for your personalized eating plan.

All Posts Asia Australia Europe

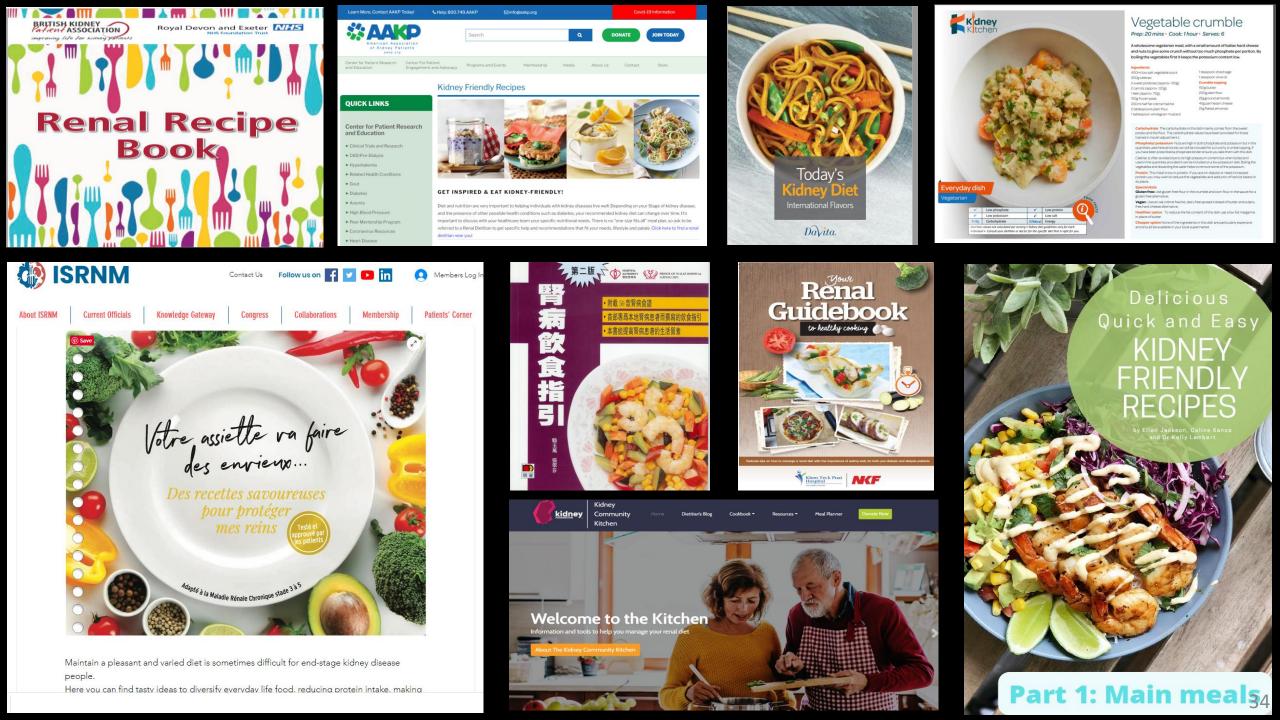
North America South America More 🗸



FROM ITALIAN CUISINE... ANTI-WASTE RECIPES FOR KIDNEY HEALTH (ENG, ITA,...

Now, more than ever, fighting waste is a challenge that the world must deal with. It's an issue concerning each and every one of us. from....

193 views 0 comments



Prerequisite to use the recipes

- Basic knowledge of nutrition and diet for kidney disease
- Aware of one's own condition
 - physical (BMI, nutrition status),
 - biochemistry (renal function, protein/albumin, electrolytes, sugar, lipids)
 - stage of kidney failure
 - mode of renal replacement therapy

• Is given dietary advice/prescription (daily allowance) to follow

- Caloric
- Protein (exchanges)
- Carbohydrates (exchanges)
- Fat (if a need to focus on)
- Sodium, potassium, phosphorus (if a need to focus on)



Home cooking

Family meals (not just cooking for one person)
 Kidney and health-friendly food

• Co-design, co-produce with patients and healthcare professionals

- Simple, easy recipes to understand and use
 - Tips on how to eat smart and eat well
- Use of exchanges (protein, carbohydrates)
 - Use of indicators (low/high level)



The recipe is a guide (options) <u>how</u> to select and prepare your food, according to your prescribed allowance to set up your meal plan for the day/week.



The recipe is "generic" which can be modified

to meet the allowance/meal plan of the patient by

- varying the protein content (portion size to be consumed)

- be mindful of the caloric content and adjust accordingly
 - be mindful of the carbohydrate content (if diabetic)

- if necessary, focus on and modify the **ingredients** with **sodium, potassium, and phosphorous** content.

May not necessary to have a different recipe for different stages of kidney failure, or renal replacement therapy. **A recipe can be modified accordingly (with tips).**



The recipe is <u>a guide</u> on the protein, sodium, potassium, and phosphorous content of <u>one</u> serving of the meal.

The indicator "<u>Low</u>" or "<u>High</u>" is only a relative indicator (not absolute), must be considered **in the context of** - the patient's condition (body weight, biochemistry), - stage of kidney failure - on which type of renal replacement therapy - meal plan for the day/week.



TIPS

(Help them to fish, rather than give them the fish)

How to modify the recipe

(ingredient of different levels of nutrient requirement)

Cooking skill

Grill, roast, steam, fry Slow cooking, Air-fried Use of herbs and seasoning (without salt)

KEEP IT SIMPLE, UNDERSTANDABLE, PRACTICAL

How to present recipes that can be understood and used

Currently, many recipe book / information provided

- Indication of the nutrient level <u>high / low</u>
- •Actual value may also be provided
- •Use of "exchanges" for protein, carbohydrates
- Tips on how to use the recipe

How to present recipes that can be understood and used

Nutrition content per	Nutrition content per serving								
Serving size: 300 g		% Daily Value							
Calories (kcal)	400	20%							
Carbohydrate (g)	47	16%							
Protein (g)	27								
Fat (g)	12	18%							
Cholesterol (mg)	125	42%							
Fiber (g)	4	16%							
Sodium (mg)	370	17%							
Potassium (mg)	368								
Phosphate (mg)	160								
* Based on 2 000 keal diet	per day								

Based on 2,000 kcal diet per day

Salt and Sodium

Confusing terminology!!!!!!

 - 5g of salt 2000 mg (sodium)
 - a teaspoon of salt (Sodium choloride) 2300 mg sodium 100 mmol of sodium 5.8 gm (5800 mg) of salt

Can patients understand and use the information (numbers)? Does a patient add up the actual values for a day's intake?

SHRIMP AND GRITS



TOTAL TIME: 30 MINUTES SERVINGS: 4 YIELD: 6 CUPS SERVING SIZE: 3-4 SHRIMP PLUS 1 CUP COOKED GRITS

Grits is a staple recipe in the southern parts of the United States where corn was native to the region. The corn in ground and then boiled, most often in milk, with butter and other flavors added. It started as a popular breakfast food but now has many different variations as cooks and chefs have used its versatility in many dishes.

In this recipe we are going to use chicken stock infused with the shells of the shrimp, and then sauté the shrimp in a spicy chili paste. This removes the high phosphorus milk and adds a big boost of flavor with healthier food items for patients with kidney problems.



Ingredients

- 1 cup hominy grits or corn grits
- 3 cups chicken broth
- 1 cup water
- 1 pound deveined shell-on wild caught
- shrimp fresh or frozen (any size will do but I prefer jumbo (15 – 16 pieces per pound)
- 6 ounces of chili paste-homemade preferred
- 1 cup freshly ground Parmigiano Reggiano cheese using a microplane, or
- 1/4 cup (about 1 ounce)
- 1/2 tablespoon olive oil
- 1 tablespoon butter
- 1/2 teaspoon salt
- 1/2 teaspoon black pepper

One of the benefits in the new dietary guidelines for kidney patients is the expansion of food items that are deemed acceptable. This is based on the absorption rates of organic phosphorus. Organic phosphorus is phosphorus found naturally in foods, while inorganic is added to food as a preservative, color enhancer, and shelf stabilizer. They are chemical items usually starting with "phos-" in the ingredient list.

The new guidelines use a 40% absorption of the organic phosphorus for most vegetables and a 60% absorption rate for animal phosphorus. This is shown in the charts below in the last lines of the ingredient list.

Nutriention Facts

		Fat	Sat. Fat g	Phos mg	Pot mg	Sodium mg	Calories	Carbs g	Vit A iu	Vit C mg	Vit K Mcg	Vit E mg AT	Vit B6 mg
		65	22	700	3300	2300	2000	275	5000	60	120	20	60
Ingredients	s Amt												
Hominy Grits	10	2.4 3.69%	.4 1.82%	264 37.71%	240 7.27%	3.2 0.14%	568 28.40%	130 47.27%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	.4 .67%
Chili Sauce	1/4 C	1.23 1.89%	.6 0.0%	25.65 3.66%	205.98 6.24%	72.99 3.17%	49.50 2.48%	8.00 2.91%	1959.33 39.19%	11.40 64.80%	9.04 7.54%	.46 2.31%	.33 0.55%
Parmigiano Reggiano	1 oz 1/2 C	7 10.77%	5 22.73%	172 24.57%	13.2 .40%	428 18.61%	121 6.05%	1 .36%	112 2.24%	0 0.0%	0 0.0%	1.2 6.00%	0 0.0%
Olive Oil	1 Tbsp	13.5 20.77%	1.875 8.52%	0 0.0%	0.27 0.01%	0 0.0%	119.4 5.97%	0 0.0%	0 0.0%	0 0.0%	8.1 6.75%	2 10.0%	0 0.0%
Butter	1 Tbsp	11 16.92%	7 31.82%	3.4 .49%	3.4 .10%	2 .09%	100 5.00%	0 0.0%	350 7.0%	0 0.0%	1 .83%	.3 1.50%	0 0.0%
Shrimp deveined	1 lb.	8.0 12.31%	1.60 7.27%	918.40 131.20%	828.80 ###	662.40 28.80%	475.20 23.76%	4.80 1.75%	806.40 16.13%	9.60 16.00%	0 0.0%	4.8 24.00%	0 0.0%
Pepper	1/4 tsp	0 0.0%	0 0.0%	0.8 0.11%	6.3 0.19%	0 0.0%	1.2 0.06%	0.25 0.09%	1.5 0.03%	0.1 0.17%	0.8 0.67%	0 0.0%	0 0.0%
Low Salt Chicken Stock	4 C	7.60 11.69%	3.20 14.55%	100.80 14.40%	816.0 ###	664.0 28.8%	345.60 17.28%	34.0 12.36%	28.80 0.58%	2.0 3.33%	2.0 1.67%	.40 2.0%	.40 0.67%
Total for Dish		50.73 78.04%	19.14 86.99%	1485.05 212.15%	### ###	1832.59 79.68%	1779.90 89.0%	178.05 64.75%	3258.03 65.16%	23.10 38.50%	20.94 17.45%	9.16 45.81%	1.13 1.89%
# of Servi	ngs	5	5	5	5	5	5	5	5	5	5	5	5
Total per S	Servings	10.15 15.61%	3.83 17.40%	297.01 42.43%	422.79 ###	366.52 15.94%	355.98 17.80%	35.61 12.95%	651.61 13.03%	4.62 7.70%	4,19 3.49%	1.83 9.16%	0.23 0.38%
Adjusted for Absorption	830.58	10.15 15.61%	3.83 17.40%	166.59 23.80%	422.79 ###	366.52 15.94%	355.98 17.80%	35.61 12.95%	651.61 13.03%	4.62 7.70%	4.19 3.49%	1.83 9.16%	0.23 0.38%

Amino Acid Chart

	Mg needed per gram of Protein	Grite	Recipe 14g	Chili Sauce	Recipe 1.64g	Parm. Regg.	Recipe 10g	Butter	Recipe .1g	Chicken Stock	Recipe 24g	Shrimp	Recipe 94.05g	Total Amino Acida	Total Protein g
Essential Amino Acids		Protein/ g	Recipe	Protein/ g	Recipe	Protein/ 9	Recipe	Protein/ g	Recipe	Protein/ g	Recipe	Protein/ 9	Recipe		
Histidine	18		0.0	15.12	24.79	38.7	387	27.47	2.75		0.0	20.29	****	2322.72	16.15
Isoleucline	25		0.0	23.11	37.89	53.00	530.00	61.05	6.11		0.0	48.38	****	5124.28	35.64
Methionine	25		0.0	8.42	15.81	26.80	268.0	25.11	2.51		0.0	27.05		2825.57	19.67
Leucine	55		0.0	37.56	61.60	96.70	967.0	98.95	9.89		0.0	79.19	****	8486.38	59.02
Lysine	51		0.0	33.30	54.60	92.58	925.84	80.00	8.00		0.0	86.88	****	9159.38	63.70
Phenylalanine	47		0.0	22.92	37.59	53.80	538.0	49.0	4.90		0.0	42.72	#8##	4598.0	31.98
Threonine	27		0.0	26.15	42.89	36.90	369.0	45.42	4.54		0.0	40.40	****	4216.48	29.32
Tryptophan	7		0.0	9.63	15.79	13.50	135.0	14.32	1.43		0.0	13.93	****	1462.40	10.17
Valine	32		0.0	30.21	49.55	68.70	687.00	67.89	6.79		0.0	46.99	####	5163.15	35.91
Amt. per rec	ipe	3 Each		4 Tbsp	1	1 oz		1 Tbsp		4 Cups		1 lb	1		
Prot. per reci	ipe	14		1.64		10		0.1		24		94.05	1		
Tot. Protein (g)	143.79													
# of servings		8													



Prot./serving (g)

17.97

5



Home [

Dietitian's Blog Cookbook -





Donate Now



Old Fashioned Canadian Stew

Diet Type <u>High Protein</u> | <u>Low Phosphorus</u> | <u>Low Potassium</u> Meal Type <u>Beef</u> | <u>Family Friendly</u> | <u>Soups & stews</u>

Adapted from https://www.ricardocuisine.com

Photo by Melanie Liu

f 🗾 🖗 🦻

Here's a low potassium version of the classic Canadian stew.

Ingredients

- 1 slice 1.10 lbs (500 g) boneless beef blade, fat removed
- 2 tablespoons (30 ml) olive oil
- 1 cup onion, sliced
- 6 cloves garlic, peeled
- 1 tablespoon (15 ml) whole-grain mustard
- 2 cups turnip, cubed
- 1 cup carrots, sliced
- 4 cups cabbage, shredded
- 4 cups low sodium chicken or beef broth

Directions

In a skillet, brown the meat on both sides in the oil. Place in the slow cooker. Set aside.

In the same skillet, brown the onion and garlic.

Deglaze with 1 cup low sodium chicken or beef broth and add the mustard. Pour into the slow cooker and add the remaining ingredients.

Cover and cook on low for about 8 hours or until the meat is fork-tender. Adjust the seasoning.

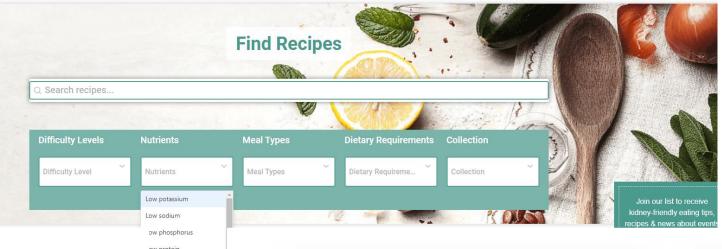
Nutrient AnalysisCalories: 185 KCalProtein: 17 gCarbohydrates: 11 gFibre: 2.3 gTotal Fat: 8.7 gSodium: 153 mgPhosphorus: 184 mgPotassium: 542 mg

Renal Diet Nutrient Analysis Servings per recipe: 8 Serving size: 11/4 cup Renal and Diabetic Exchanges 2 protein, 2 vegetables What is one exchange? 1 Protein Choice = 102 of meat or 7g of dietary protein 1 Starch Choice = about 15g of carbohydrates 1 Fruit or Vegetable Choice = ½ cup 1 Milk Choice = ½ cup

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ow protein 1edium phosphorus 1edium sodium 1edium potassium

1edium protein



Low phosphorus Low potassium Low protein Low sodium







Kidney Kitchen Pro

Q

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Low phosphorus Low potassium Low protein Low sodium







Vegetable crumble

Prep: 20 mins . Cook: 1 hour . Serves: 6

A wholesome vegetarian meal, with a small amount of Italian hard cheese and nuts to give some crunch without too much phosphate per portion. By boiling the vegetables first it keeps the potassium content low.

Ingredients

400ml low salt vegetable stock 300g celeriac 2 sweet potatoes (approx. 120g) 2 carrots (approx. 120g) 1 leek (approx. 70g) 150g frozen peas 200ml half fat crème fraîche 2 tablespoons plain flour 1 tablespoon wholegrain mustard 1 teaspoon dried sage 1 teaspoon olive oil **Crumble topping**

150g butter 200g plain flour 25gground almonds 40g parmesan cheese 25g flaked almonds

Carbohydrate The carbohydrate in this dish mainly comes from the sweet potato and the flour. The carbohydrate values have been provided for those trained in insulin adjustment.t.

Phosphate/ potassium Nuts are high in both phosphate and potassium but in the quantities used here almonds can still be included for a crunchy crumble topping. If you have been prescribed a phosphate binder ensure you take them with this dish.

Celeriac is often avoided due to its high potassium content but when boiled and used in the quantities provided it can be included on a low potassium diet. Boiling the vegetables and discarding the water helps to remove some of the potassium.

Protein This meal is low in protein. If you are on dialysis or need increased protein you may wish to reduce the vegetables and add a tin of haricot beans in its place.

Special diets

Gluten free: Use gluten free flour in the crumble and corn flour in the sauce for a gluten free alternative.

Vegan: Use an oat crème fraiche, dairy free spread instead of butter and a dairy free hard cheese alternative.

Healthier option To reduce the fat content of this dish use a low fat margarine in place of butter.

Cheaper option None of the ingredients in this dish are particularly expensive and should be available in your local supermarket.

Everyday dish

Vegetarian

V	Low phosphate	×	Low protein	
~	Low potassium	~	Low salt	
51.8g	Carbohydrate	576Kcal	Energy	

Nutrition values are calculated per serving • Kidney diet guidelines vary for each individual • Consult your dietitian or doctor for the specific diet that is right for you.



Eggplant and sweet potato curry

Ingredients:

- 2 medium onions, peeled and sliced
- 1 medium eggplant, chopped into 2cm pieces
- 1 medium sweet potato
- 350g of Korma Curry Sauce (Mild)
- 4 serves of white rice

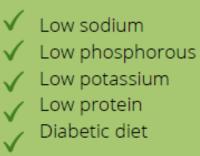
Instructions:

- 1. Simmer onion in a little water for just a minute
- 2. Remove from pan and set aside
- 3. In a non stick frying pan, fry eggplant until evenly browned
- 4. Add onions and sweet potato to pan with sweet potato and korma sauce
- 5. Fill half the empty jar with water and add to pan.
- 6. Simmer for 20-30 minutes until the potato and eggplant are tender 7. Serve with rice and pappadums.

Nutrient Values Per Serve:

Protein (total): **7g** Protein rich food exchange: **0** Carbohydrate: **57g** Carbohydrate Exchange: **4** Sodium: **467mg** Potassium: **641mg** Phosphate: **147mg**

Suitable for:







Pre-dialysis

Ingredients	Quantity
Dory fish fillet	180g
Low sodium soy sauce	1½ tablespoon
Ginger, finely sliced	1/4 small ginger (11g)
Sugar	1/2 tablespoon
Sesame oil	1/2 tablespoon
Five-spice powder	2 pinches

O Dialysis

Increase quantity of dory fish fillet to 270g

Instructions

- 1. Seasoning: Mix soy sauce, sugar, and five-spice powder in a bowl, and set aside.
- Place the fish on a plate suitable for steaming. Drizzle
 1 tablespoon of the seasoning mixture over the fish and
 scatter with ginger. Cover and refrigerate for 15 minutes.
 Steam the fish for 8 minutes, or until the fish is cooked.
 Meanwhile, heat sesame oil and the remaining
 sauce in a small saucepan over medium heat.
 Pour the sauce over the steamed fish.

Pre-dialysis Nutrition Information Serving Size: 70g 77 kcal Energy ... Protein. 10.3 g 2.8 g Total Fat. - Saturated Fat. 0.5 g - Cholesterol. 28 mg Carbohydrate.. 2.7 g - Dietary Fibre. 0.1 g Potassium. 264 mg 134 mg Phosphorous.

303 mg

Dialysis Nutrition Information Serving Size: 90g

Sodium.

Energy	99 kcal
Protein	15.2 g
Total Fat	3.0 g
- Saturated Fat	0.4 g
- Cholesterol	43 mg
Carbohydrate	2.8 g
- Dietary Fibre	0.1 g
Potassium	383 mg
Phosphorous	198 mg
Sodium	323 mg

Chef Jins

To check for doneness, use a butter knife to cut the fish. If it cuts through the bottom of the plate, the fish is well cooked.

A recipe with tips to modify the protein content

for Pre-dialysis to on Dialysis

Criteria of High/Low

A wide variation in the criteria used by different recipe books for different settings.

No international standard



Kidney Community Kitchen Tagging Guidelines

Tagging diet type is "easiest" using renal diet exchanges to calculate whether or not something qualifies <u>e.g.</u> as low sodium.

Food Group		Nutrient Breakdown									
	Protein	Fat	Carbohydrates	Potassium	Phosphorus	Sodium (mg)					
	(g)	(g)	(g)	(mg)	(mg)						
Protein choice	7	4	0	100	70	25					
Starch Choice	2	0	15	40	50	80					
Milk Choice	4	variable	6	195	125	80					
Fruit	0.5	0	10	200-240	15	0					
Choice											
Vegetable	2	0	6	200-240	30	15					
Choice											
	1 Protein Choice = 1oz of meat or 7g of dietary protein										
	1 Starch Choice = about 15g of carbohydrates										
1 Fruit or Vegeta	ble Choice = ½	cup									
1 Milk Choice = ½	2 cup										

For example, if a recipe includes **2 vegetable choices**, it will count as:

- Low K: < 420mg of K per serving (2x220)</p>
- Low PO4: < 60mg of PO4 per serving (2x30)</p>
- Low Na: < 30mg of Na per serving (2x15)</p>

A mixed recipe that included **3 protein choices, 1 fruit and one** vegetable choice would count as:

- High Protein: > 23.5g of protein per serving (3x7 + .5 + 2)
- Low K: < 740mg of K per serving (3x100+220+220)</p>
- Low PO4: < 255mg of PO4 per serving (3x70+15+30)</p>
- Low Na: < 90mg of Na per serving (3x25+0+15)</p>

For a diabetic diet you can use "carb choices" to allow the patient to incorporate into their diet. Basically, it means that you look at total carbs, subtract the fiber and every 15g is one carb choice. carbs – fiber= 15g per carb choice

Delicious Quick and Easy KIDNEY FRIENDLY RECIPES

by Ellen Jackson, Celine Kan and Dr Kelly Lambert

Part 1: Main meals

Each recipe in this book aims to provide less than each nutrient benchmark per serve:

Meal	Sodium mg	Potassium mg	Phosphate (mg)	Protein (grams)
	(mmol)	(mmol)		
Main meal	690 (30mmol)	780 (20mmol)	<350mg	<20g
Light meal	460 (20 mmol)	585 (15mmol)	<250mg	<20g
Snacks	230mg (10mmol)	195mg (5mmol)	<50mg	<5g

Nutrient Values Per Serve:

Protein (total): 4g
Protein rich food exchange: 0
Carbohydrate: 5g
Carbohydrate Exchange: 0.3
Sodium: 45mg
Potassium: 220mg
Phosphate: 66mg

Suitable for:

- ✓ I Low sodium
 - Low phosphorous
- Low potassium
- Low protein
- 🗸 Diabetic diet

Nutrient recommendations, stages 3,4 and 5 (not on dialysis) and kidney failure

Protein recommendations by stage

Nut	trient	Value	Daily Protein Recommendations	Women	Men
Sod	lium	1500 mg or less	Stages 1 and 2	46 g (6-7 oz)	56 g (8 oz)
Pota	assium	2000 mg or less	Stages 3, 4 and 5 (not on dialysis)	35-42 g (5-6 oz)	42-56 g (6-8 oz)
Pho	osphorus	800-1000 mg	Stages 3, 4 and 3 (not on dialysis)	33-42 g (3-0 02)	42-30 y (0-8 02)
Prot	tein	See below	Kidney failure (on dialysis)	2-78 g (10-11 oz)	84-93 g (12-13 oz)

These are general guidelines from KDOQI. Individual needs may vary. Please check with your doctor or dietitian.

How we calculate low, medium and high nutrient values in our recipes:

Nutrient (Low (per serving)	Medium (per serving)	High (per serving)
Sodium	140 mg or less	141 mg - 399 mg	400 mg or more
Potassium	300 mg or less	301 mg - 599 mg	600 mg or more
Phosphorus	150 mg or less	151 mg - 299 mg	300 mg or more
Protein	8 g or less	9 g - 20 gm	21 g or more

Key: g = gram(s) mg = milligram(s) oz = ounce(s)

Per serving (main meal)

	Low	High
Na	<mark><345 mg</mark>	<mark>>690 mg</mark>
К	<mark><390 mg</mark>	<mark>>780 mg</mark>
PO4	<mark><175 mg</mark>	<mark>>350 mg</mark>

	Canadian	Hungary	American		Australia	AKF
Low Na	<90 mg	<150 mg	<140 mg	High Na	>690 mg	>400 mg
Low K	<740 mg	<500 mg	<300 mg	High K	>780 mg	>600 mg
Low PO4	<255 mg	<200 mg	<150 mg	High PO4	>350 mg	>300 mg
Se	et at ½ of t	the high lo	evel	<mark>Adopt th</mark>	ne Australian	approach

*An interim decision by the Working group after due consideration





Why? What? How?



To collect renal recipes from around the world

• Members of IFKF-WKA were invited to submit 5 recipes

An international panel of dietitians and physicians

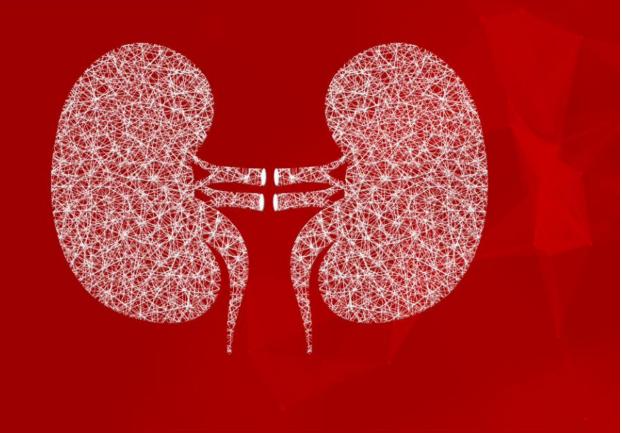
 (i) vetted the recipes and made suggestions for amendments
 (ii) deliberated on how to present the recipes and agreed on the format of presentation (a one-page presentation)

- Hong Kong Kidney Foundation (SF Lui) commissioned the production of the recipes according to the format
- IFKF-WKA IT team posted the recipes on IFKF-WKA website

Welcome to the

International Federation of Kidney Foundations - World Kidney Alliance

- Better kidney health for all.
- Optimal care for people affected with Kidney Disease or Kidney Failure.













World Kidney Recipes





Australia Bangladesh Canada (TBC) Guatemala Hong Kong Hungary India Italy Malaysia Mexico South Africa Türkiye

Recipes in a structured format, easy to understand and to use



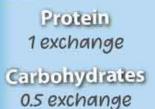




Meal type: TOFU



FACH SERVING PORTION



Low sodium*

Low potassium*

Low Phosphorus*

Eggplant and tofu with miso



HOSPHOR

138

INGREDIENTS (SERVE 2)

- 2 eggplant (~120g each)
- 400g of firm tofu
- I tbsp of miso
- I tsp of sugar
- 2 tsp of Japan sake
- 2 tbsp of minced garlic
- I tbsp of minced ginger
- Chopped spring onion
- Cornstarch
- I tbsp of oil
- I tbsp of white vinegar

PREPARATION

- Wash and cut the eggplant into pieces.
- Ø Boil a pot of water over heat, use a sieve to gently press the eggplant into the water, continue to pressure cook for about 4 minutes, then remove the eggplant and rinse with cold water to cool down.
- Ory the tofu with kitchen paper, place it in a bowl and crush it with a fork.
- ④ Heat a tablespoon of oil in a wok, fry minced ginger and minced garlic until fragrant, then add in chopped tofu and Stir well.
- 6 Add wine, miso and sugar and stir well. Add eggplant and cook on low heat for 5 minutes. If the sauce is too thin, you can add cornstarch water to thicken the gravy, sprinkle with chopped green onion, and serve.

To adjust the protein content, vary the amount of tofu to be consumed.

PROTEIN

9

 To reduce the potassium content, boil the eggplant with water first. It will also prevent the eggplant from turning black.

To reduce the amount of oil, pre-cook the eggplant before frying, as the eggplant absorbs more oil.

TOTAL FAT

CARBOHYDRATES

PER SERVING

CALORIE

14

Kcal

TIPS

ACKNOWLEDGEMENT Original recipe by Ms. Winnie Leung Hong Kong Dietitian Association - Hong Kong Kidney Foundation Hong Kong Society of Nephrology - Hong Kong Association of Renal Nurses

*Per serving, the nutrient content level is relatively 🔳 low 📁 medium 💻 high 💷 not classified 59

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CHICKEN CURRY



KHICHURI



MIXED VEGETABLES CURRY / NIRAMISH



Bangladesh

Hong Kong, China



BURRITO CHAPIN





()

Guatemala

ELOTE ASADO



ENCHILADAS GUATEMALTECAS



MARÍA COOKIES



SAFFRON PULAO



VEGETABLE SAMOSA





EGG AND BEEF IN TOMATO SAUCE



STEAMED SCALLOPS AND TOFU WITH GARLIC



EGGPLANT AND TOFU WITH MISO



STIR-FRIED GROUPER FILLET AND ASPARAGUS IN XO SAUCE





HUNGARIAN GOULASH



STUFFED CABBAGE





PASTA WITH CURD CHEESE



FRIED DOUGH



Hungary











UCHEPOS (CORN TAMALES)





SQUASH BLOSSOM GORDITAS



ZUCCHINI WITH CORN







VEGETABLE LASAGNA



VEGETABLE PAELLA



۲ Mexico



Anatolian style rice pilaf



Asparagus with Meat

and Lemon Sauce





Green Bean W/Olive oil

Cacik

Vanilla Custard

61

۲

Mexico



PANEER STICKS





LASAGNA REVISITED





LOW-PROTEIN FOCACCIA BREAD WITH HERBS



TOMATO BRUSCHETTA WITH VEGETABLES



LOW-PROTEIN CREAM TART WITH STRAWBERRIES

> Malysia









PEAS TOFU ROLLS







APPAM (RICE & COCONUT HOPPERS)



QUINOA PULAO

UNRIPE PAPAYA SALAD



AONDEH-ONDEH



NASI LEMAK



INSTRUCTION AND DISCLAIMER ON THE USE OF THE WEBSITE ON WORLD KIDNEY RECIPE

This is a <u>"Preview"</u> version of the World Kidney Recipes for healthcare professionals to provide feedback and suggestion (Please email to info@ifkf.org or luisf@luisf.org). The official version will be launched in October 2022.

The recipes are only a guide to help people with kidney disease to select and prepare their meals, to provide them with ideas and options. The recipes you choose to enjoy should be guided by advice from your healthcare professionals (doctor, nurse, dietitian), and should take into account your physical condition, blood test results, treatment, dialysis-dependent or not, and any other health conditions you may have.

The recipe has information on the protein, carbohydrates, fat, sodium, potassium, and phosphorous content of one serving of the meal. The protein and carbohydrate content are also expressed as "exchanges" (1 protein exchange is 7g, 1 carbohydrate exchange is 15g). The "Low" or "High" indicator* is only a relative indicator for one serving and must be considered in the context of your condition - body weight, blood test results, stage of kidney failure, type of renal replacement therapy and meal plan for the day/week. The actual level per serving is also provided.

For per serving	Relatively low*	Relatively high*	
Sodium	<345 mg	>690 mg	
Potassium	<390 mg	>780 mg	
Phosphorus	<175 mg	>350 mg	

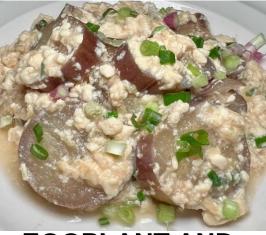
Kidney and patient-friendly recipes For patients with kidney disease **The Hong Kong Journey**

- Co-design, Co-production
- Physicians, nurses, dietitians and patients
- The process, the product
- The posting (sharing platform)





EGG AND BEEF IN TOMATO SAUCE



EGGPLANT AND TOFU WITH MISO



Pork Chop with Corn Sauce



STEAMED SCALLOPS AND TOFU WITH GARLIC



STIR-FRIED GROUPER FILLET AND ASPARAGUS IN XO SAUCE



Hong Kong, China



Beef in curry sauce and cauliflower



Beef and eggs in tomato sauce



Beef with turnip



Fried chicken with pine nuts



Steamed chicken with dried shiitake mushrooms and cloud ear fugus



Braised chicken wings with carrots and sweet potatoes with lemongrass



Stewed pork in black vinegar sauce



Steamed meatloaf with oatmeal, dried mushroom and dried shrimp



Pork chop in corn sauce



Kung pao shrimps



Stir-fried grouper fillet and asparagus with XO sauce



Steam scallop and tofu with fried and fresh garlic



Eggplant and tofu with miso



Stir-fried garlic shoot with fresh mushroom



Snow fungus, sea coconut, gassho melon & apple soup



Water melon, chinese mushroom, dried scallop and pork soup



Dace, zucchini and coriander soup



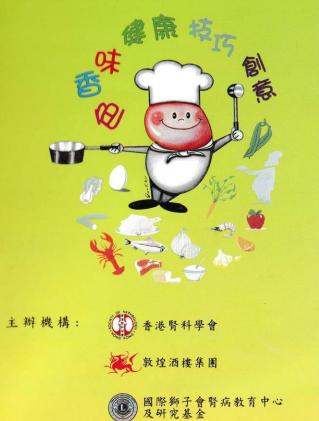
Mustard vegetable, pork shin and white pepper soup

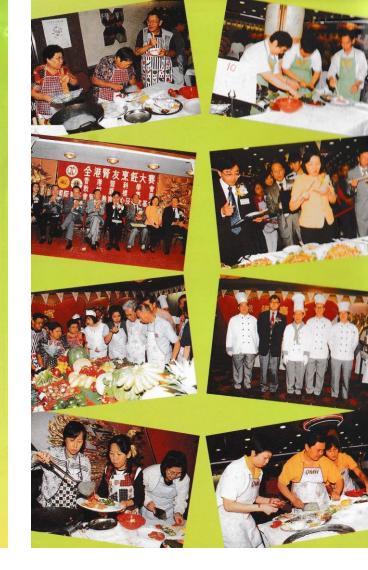
Ongoing interest and work on renal nutrition and diet

Hong Kong Kidney Foundation Hong Kong Society of Nephrology Hong Kong Association of Renal Nurses Hong Kong Dietitians Association

- 1997: Cooking competition by renal patients
- 1997: Diet guide for kidney disease Janet Lok, Lorena Cheung
- 2014: Hong Kong Renal Nutrition workshops and forum
- 2014: Cooking competition by renal well-being
- 2021: Eat smart, eat well

全港腎友烹飪大賽 一九九七年九月二十七日 土瓜灣敦煌酒樓





1997: Cooking competition by renal patients

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材料	調味料	材料	
難內10兩(切稅) 哈密瓜半個(起內、切粒)	羅肉疏料 生抽半茶匙	雞肉8兩(切粒) 數皮瓜1個(起 西芹3兩(切粒) 青紅椒2兩	肉・飛水)
青、紅椒各1隻(切粒) 生菜4兩	粟粉少許 酒少許	青瓜 2 兩 (切粒) <u> </u> 董少許 甘筍 2 兩 (切粒) 蒜蓉 1 茶匙	
小蕃茄 10 個	花生油1湯匙		
芡汁		芡汁	
生抽1茶匙, 粟粉少許, 鹽半茶匙		粟粉 1/4 茶匙,清水1茶匙	
製法		製法	
 雞肉粒用蘸料蘸片刻。 燒熬獲,放入油1湯匙,加入雞粒, 燒熬獲,放入青,紅板粒炒熱,雞粒 瓜粒炒勻,放入瓜酸內便成。 生菜及小薯茄伴碟。 	梦熟盛起待用。 回觐,加入芡汁兜勺,熄火,最後加入哈密	 雞肉用腌料蘸10分鐘。 西芹、青瓜、甘萄粒出水待用 燒熬緩,用少許油,炒熟西芹 再烧熬缓,用少許油,炒熟西芹 再烧熬缓,下少許油,將雞肉,加入酸皮瓜粒,炒匀即可放入 	 ・青瓜及甘筍粒 ・南芹、青
營養 熱量(卡路里) 蛋白質(克 成份 979 107.3	() 脂肪質(克) 炭水化合物(克) 33.6 82.1	营養 熱量(卡路里) 蛋白 成份 781	1質(克) 88.2
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魚珠	如實 50000	七彩	如意如
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明爱材料	督院	*E 材料	尤德那打素醫] 調味
明愛 材料 興節3粒(提称) 馬蹄3粒(法皮、切称)	警院 魚肉酸料 窗 1/4 系形	東臣 材料 中報15要(法数、法腸) 南瓜1%(切片)	尤德那打素醫 調味 蝦肉香 生粉少
明愛 材料 酸魚肉 8 間 (優玲) 画麵 3粒 (去皮、切碎) 白羅麵 1 圓 甘筍1 個	警院 条件 化化化化化化化化化化化化化化化化化化化化化化化化化化化化化化化化化化化	* 医 材料 中報15 変 (去殻、去腸) 背瓜1條(切片) 紅葉椒2 変 甘筍1線(切粒及片))	尤德那打素醫 調味 蝦肉香 生粉少
明愛 材料 酸魚肉 8 兩 (優碎) 白羅菊 1位 (去皮、切碎) 白羅菊 1個 若石 1個 蜜瓜 10 個 蜜瓜 冬菜 電影各少許	醫院 魚肉陳料 壁 14 系匙 胡椒防少許 生粉 1 茶匙 曜牛茶匙 鞭牛茶匙 鞭牛茶匙	来區 材料 中戰 15 隻 (去殼、去腸) 首瓜 1條 (切片) 紅辣椒2 隻	女意 尤德那打素醫 調味 蝦肉爾少許 鹽少許
明愛 材料 競魚肉8 間(鑽印) 馬蹄3 粒(去皮、切印) 白羅動1個 雪瓜126個	醫院 魚肉陳料 壁 14 系匙 耐燃防少許 生粉 1 茶匙	東區 材料 中報15度(法殻、法腸) 育瓦1線(切片) 和減線2度 甘荷1線(切換及片) 都認時(法約)或年風子2粒	尤德那打素醫 調味 蝦肉香 生粉少
明愛 材料 酸魚肉 8 兩 (優碎) 白羅菊 1位 (去皮、切碎) 白羅菊 1個 若石 1個 蜜瓜 10 個 蜜瓜 冬菜 電影各少許	醫院 魚肉酸料 酸 1/4 茶匙 胡椒粉少許 生影 1 茶匙 蟹牛茶匙 幣牛茶匙 幣牛茶匙 幣牛茶匙 幣牛茶匙 新山 1 茶匙	東區 材料 中報15度(去殻、去腸) 育瓦1條(切片) 紅澤椒(2度) 甘筍1條(切比及片) 能限肉(去約)或東烟子2粒 海園1-2粒	尤德那打素醫 調味 蝦肉香 生粉少
明愛 材料 錢魚肉8兩(優幹) 白羅和1個 若筍1個 蜜瓜1%個 蜜瓜1%個 素小菜名少許 水2碗	醫院 魚肉酸料 酸 1/4 茶匙 胡椒粉少許 生影 1 茶匙 蟹牛茶匙 幣牛茶匙 幣牛茶匙 幣牛茶匙 幣牛茶匙 新山 1 茶匙	東區 材料 中報15度(法税・法腸) 育瓦1條(切片) 紅澤梯(2度) 甘菊1種(切拉及片) 能限約(法約)或東風子2粒 游園12粒	尤德那打素醫 調味 蝦肉香 生粉少
明愛 材料	冒院 カウス (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	東亞 材料 中報15要(去殻・去腸) 育氏1確(切片) 和減級2要 甘菊1年(初始及片) 部頭1-2粒 要粉半腸匙・水少許 契法 乳1、酸加酸料酶一合・加降酸汁及近	尤德那打索警 調明 蝦肉 盤 生粉 型 型 少 計 : (待用:一隻
明愛 材料 錢魚肉8 隣 (標時) 白羅菊1 (標 任政、切除) 白羅菊1 (編 若知 1 // (編 蓋瓜 1// (編 蓋瓜 1// (編 左) // (編 大 2 純 一般和1 茶匙,水 2 補匙 数法 1. 魚肉和馬類加入魚類料料均, 簡片数半時)	警院 魚肉純料 壁 14 系形 耐根的交許 全私 1 系配 壁 半系胞 煙牛系胞 煙牛系胞 地 1 湯配 加 1 湯配	東亞 大大学 大学校 (大会、大会) 市底 1% (10) 市底 1% (10) 市底 1% (10) 市成 1% (10) 市成 1% (10) 市成 1% (10) 市成 1% (10) 市成 1% 市成 1%	尤逸那打索醫 調味 盤約 生形 聖少許 二: 故入職, 妙 定 文。
明愛 材料 發魚肉名 隅 (優玲) 白羅菊1 個 若苟1 個 羞瓜 1/8 個 蓋瓜 1/8 個 蓋瓜 1/8 個 蓋瓜 2/8 他 发汁 生粉 1 茶匙,水 2.總匙 製法 1. 魚肉和馬類加入魚酸料拌勻, 簡片餐生約 3. 甘筍、白餐成為(個大餐生約) 3. 甘筍、白餐成為(個大餐生約)	警院 魚肉純料 壁 14 系形 耐根的交許 全私 1 系配 壁 半系胞 煙牛系胞 煙牛系胞 地 1 湯配 加 1 湯配	東亞 村料 中華15度(左長・去陽) 青瓦1條(切片) 和琴線2度 甘菊1年(切及氏) 範疇(之校) 東東原子2枚 湯調12粒 変粉年振歴・水少許 一葉加 一葉加 一葉加 一葉加 一葉加 一葉加 一葉加 一	尤德那打素警 調味 組肉商 生粉少 望少計 计、待用:一隻 , 放入職、炒 交。 花碗成魚身,1
明愛 材料 發魚肉8 爾 (標時) 自羅菊1 (儘会、切除) 自羅菊1 (儘 若筍1 (個 蓋瓜 1/8 個 蓋瓜 1/8 個 蓋瓜 2/8 小 整大 型粉 1 茶匙、水 2 總匙 型数 2 - 把魚肉和馬漬1 (6 領点算(1 個大概半時) 3 - 甘筍、白羅板和蘆瓜和成團形備用) 3 - 甘筍、白羅板和蘆瓜和成團形備用) 4 - 네蘂紅欄於人伯- 備希許意要美麗和,加 5 - 加入魚球業片留,放入調味,	警院 一 如此 如此 如此 如此 如此 如此 如此 和此 和此 和此 和此 和此 和此 和此 和此 和此 和	東亞 大部 大部 大部 市底1線(切称) 市底1線(切称) 和琴線2度 甘南1線(切放及所) 能限度(支称) 或來應量子2粒 湖溜12粒 安加 東府半環底・水少許 東府 東原 東京 東京 北西線相一會。加檸檬汁及药 金麗 北西線相一會。加檸檬汁及药 金麗	尤德那打索警 調味 組織 生粉少 證 少計 计、特用:一号 "放入職、炒 咬。" 花碗成魚身,1 副。少許甘範切
明定 材料 総魚肉8兩(價停) 再請3粒(去皮、切碎) 自難約1個 甘菊1個 動瓜1/6個 素頭:基。 完姿各少許 水 2碗 发汁 生粉1茶匙,大2.満匙 製法 1. 魚肉和馬湯加入魚麵料拌勻,麵片類 2. 把魚肉和馬湯加入魚麵料拌勻,麵片類 3. 甘菊(自服房類和風魚類料拌勻),麵片類 4. 過酸和乙酸和素面和人類麵料拌勻,麵片類 5. 甘菊(自服房類和風魚麵料拌勻),麵片面 6. 圓成和馬湯加入魚麵料拌勻,麵片面 6. 圓成和馬湯加入魚麵料拌勻,麵片面 6. 圓成和馬湯加入魚麵料拌勻,麵片面 6. 圓成魚和一個一個完成而一個	警院 集内純和 聖日本記 副服約少能 出版約少能 四年來記 輕牛來記 一種生茶記 生拍日茶匙 生拍日茶匙 注: 待用。 人甘希: 白羅衛及木, 將甘希, 白羅蜀素稔: 1.	朱匠 大大学 大学 大	尤德那打索警 調味 蝦肉 生粉少 望少許 计,特用:一發 ,放入戰,終 方。 定姿。 花碗成魚身,1
明定 材料 総魚肉8兩(價停) 再請3粒(去皮、切碎) 自難約1個 甘菊1個 動瓜1/6個 素頭:基。 完姿各少許 水 2碗 发汁 生粉1茶匙,大2.満匙 製法 1. 魚肉和馬湯加入魚麵料拌勻,麵片類 2. 把魚肉和馬湯加入魚麵料拌勻,麵片類 3. 甘菊(自服房類和風魚類料拌勻),麵片類 4. 過酸和乙酸和素面和人類麵料拌勻,麵片類 5. 甘菊(自服房類和風魚麵料拌勻),麵片面 6. 圓成和馬湯加入魚麵料拌勻,麵片面 6. 圓成和馬湯加入魚麵料拌勻,麵片面 6. 圓成和馬湯加入魚麵料拌勻,麵片面 6. 圓成魚和一個一個完成而一個	警院 集内純和 聖日本記 副服約少能 出版約少能 四年來記 輕牛來記 一種生茶記 生拍日茶匙 生拍日茶匙 注: 待用。 人甘希: 白羅衛及木, 將甘希, 白羅蜀素稔: 1.	朱匠 大大学 大学 大	た途原打素養 調味 蝦肉 生 5秒/空 空少許 に、待用:一隻 (小放入縦・妙) 花(初広気峰・) (次) (次) (次) (次) (文) (文)
明愛 村料 發魚肉8兩(優勞) 局護3粒(左皮、切穿) 白羅動1個 甘菊1個 雪瓜1/8個 雪瓜1/8個 雪瓜、葱、葱葱各少許 水2碗 芡汁 生粉1茶匙,水2湯匙 葵汁 1. 魚肉和風湯加入魚撥料拌匀,粉片肉 2. 把食肉和風湯加入魚撥料拌匀,粉片肉 3. 甘菊1白蘿都而或二和菜類小麦、一類人	警院 集内純和 聖日本記 副服約少能 出版約少能 四年來記 輕牛來記 一種生茶記 生拍日茶匙 生拍日茶匙 注: 待用。 人甘希: 白羅衛及木, 將甘希, 白羅蜀素稔: 1.	朱匠 大大学 大学 大	た途原打素養 調味 蝦肉 生 5秒/空 空少許 に、待用:一隻 (小放入縦・妙) 花(初広気峰・) (次) (次) (次) (次) (文) (文)
明愛 村料 發魚肉8兩(優勞) 局護3粒(左皮、切穿) 白羅動1個 甘菊1個 雪瓜1/8個 雪瓜1/8個 雪瓜、葱、葱葱各少許 水2碗 芡汁 生粉1茶匙,水2湯匙 葵汁 1. 魚肉和風湯加入魚撥料拌匀,粉片肉 2. 把食肉和風湯加入魚撥料拌匀,粉片肉 3. 甘菊1白蘿都而或二和菜類小麦、一類人	警院 集内純和 聖日本記 副服約少能 出版約少能 四年來記 輕牛來記 一種生茶記 生拍日茶匙 生拍日茶匙 注: 待用。 人甘希: 白羅衛及木, 將甘希, 白羅蜀素稔: 1.	朱匠 大大学 大学 大	た途原打素養 調味 蝦肉 生 5秒/空 空少許 に、待用:一隻 (小放入縦・妙) 花(初広気峰・) (次) (次) (次) (次) (文) (文)
明愛 村料 發魚肉8兩(優勞) 局護3粒(左皮、切穿) 白羅動1個 甘菊1個 雪瓜1/8個 雪瓜1/8個 雪瓜、葱、葱葱各少許 水2碗 芡汁 生粉1茶匙,水2湯匙 葵汁 1. 魚肉和風湯加入魚撥料拌匀,粉片肉 2. 把食肉和風湯加入魚撥料拌匀,粉片肉 3. 甘菊1白蘿都而或二和菜類小麦、一類人	警院 集内純和 聖日本記 副服約少能 出版約少能 四年來記 輕牛來記 一種生茶記 生拍日茶匙 生拍日茶匙 注: 待用。 人甘希: 白羅衛及木, 將甘希, 白羅蜀素稔: 1.	朱匠 大大学 大学 大	た途原打素 調味 蝦肉 生 生 切 、 放入 戦 ・ 次 で 、 花 砂 、 板 り 、 、 、 、 、 、 、 、 、 、 、 、 、 、 、
明愛 村料 發魚肉8兩(優勞) 局護3粒(左皮、切穿) 白羅動1個 甘菊1個 雪瓜1/8個 雪瓜1/8個 雪瓜、葱、葱葱各少許 水2碗 芡汁 生粉1茶匙,水2湯匙 葵汁 1. 魚肉和風湯加入魚撥料拌匀,粉片肉 2. 把食肉和風湯加入魚撥料拌匀,粉片肉 3. 甘菊1白蘿都而或二和菜類小麦、一類人	警院 集内純和 聖日本記 副服約少能 出版約少能 四年來記 輕牛來記 一種生茶記 生拍日茶匙 生拍日茶匙 注: 待用。 人甘希: 白羅衛及木, 將甘希, 白羅蜀素稔: 1.	朱匠 大大学 大学 大	た途原打素 調味 蝦肉 生 生 切 、 放入 戦 ・ 次 で 、 花 砂 、 板 り 、 、 、 、 、 、 、 、 、 、 、 、 、 、 、
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調味料

雞肉醃料 鹽 1/4 茶匙 糖 1/4 茶匙

油 1/4 茶匙 栗粉 1/2 茶匙 糖醋少許

筍粒待用。 、青瓜及甘筍粒回鐵炒勺、埋芡、最後

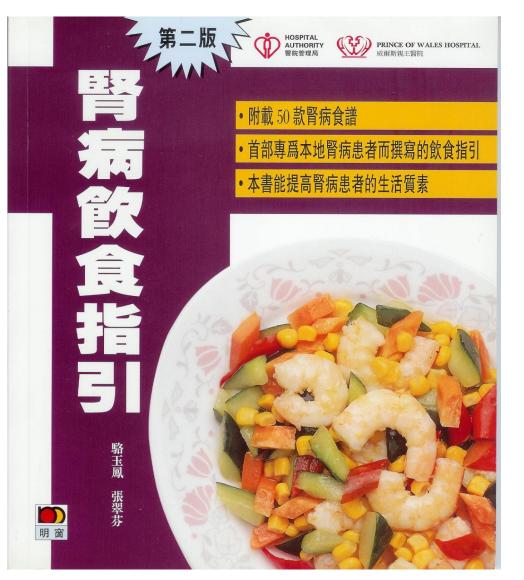
炭水化合物(克) 84

檸檬汁2茶匙 茄汁1茶匙 油半湯匙 酒少許 糖半湯匙

·隻紅辣椒切絲與甘筍粒同炒,待用 沙至球狀,贊酒,加入青瓜片,甘筍 · 將兩者砌成一尾魚,再加龍眼肉或

68

守切片伴碟



1997

Diet guide for kidney disease Janet Lok, Lorena Cheung **Dietitians of Prince of Wales Hospital**

日式豬扒(四人分量)

Fried Pork Chop in Japanese Style (4 servings)

材料:	Ingredients:
去骨豬扒 320 克 (½斤,4件,每件約重 2	320g boneless po
(each)
齑料:	Seasonings:
	3 tbsp light soy s
生抽%湯匙,老抽%湯匙,薑茸%湯匙,葱	1/2 tbsp mashed gir
粒1湯匙,紅辣椒絲½湯匙,胡椒粉少許,	1/2 tbsp shredded
糖1茶匙,酒½湯匙	sugar; 1/2 tbsp win
做法:	Method:
(1)洗淨豬扒,抹乾,用刀背剁鬆,加醃料醃	(1) Rinse pork cho
%小時。	with the chopped
(2)燒熱鑊,下2湯匙油,將豬扒煎至金黃	30 minutes.
	(2)Heat 2 tbsp oil.
色,即可上碟供食。	till it turns golder

ork chop (4 pieces, about 80g

1/2 tbsp dark soy sauce; tbsp diced spring onion; red chilli; some pepper; 1 tsp

op. Slightly hit the pork chop upper part. Marinate for

Add in pork chop and pan - fry en - brown. Then serve on plate.

營養分析 Nutrient Analysis

每人分量(一件)提供:(高生物質素2份,低生物質素0份) Each serving (1 piece) provides:

熱量 Energy	189.7 卡路里(cal)	脂肪 Fat	11.9 克(g)	鉀質 Potassium	378.1 毫克(mg)
蛋白質 Protein	17.8 克(g)	牆固醇 Cholesterol	42.8 毫克(mg)	磷質 Phosphorus	193.0 毫克(mg)
醣質 Carbohydrate	2.3 克(g)	鈉質 Sodium	348.8 毫克(mg)	膳食纖維 Dietary Fiber	0.0克(g)

:非常簡單易做,很受大人、小孩歡迎

HONG KONG RENAL NUTRITION WORKSHOP AND FORUM 2014



Renal Nutrition Workshop for dietitians (nephrologists and renal nurses by invitation) Saturday 16 August 2014, 9.30 am – 1.00 pm

Renal Nutrition Workshop for Nephrologists, Renal Nurses and Dietitians

Saturday 16 August 2014, 2.00-6.00 pm

Workshop Venue: Ground floor, M Block, Queen Elizabeth Hospital

Renal Nutrition Forum for Nephrologists, Renal nurses & Dietitians

Sunday 17 August 2014, 9.00 am- 4.00 pm Venue: Junior Ballroom, Royal Plaza Hotel, Mongkok

Overseas Speakers Joel D. Kopple T. Alp Ikizler Maria Chan





2014 "Eat better" – Cooking Competition for patients with kidney disease

Eat WELL LONGLIVE KIDNEYS () AND PATIENT

Eat Happily - Home cooking • Eating out



HONG KONG DIETITIANS ASSOCIATION HONG KONG KIDNEY FOUNDATION



HONG KONG

SOCIETY OF NEPHROLOGY

HKARN 赤海虾将城士平會 HONG

HONG KONG ASSOCIATION OF RENAL NURSES

THE HONG KONG KIDNEY RECIPES CO-PRODUCTION BY DIETITIANS, HEALTHCARE PROFESSIONALS (DOCTOR/NURSE) AND PATIENTS

1. A joint project of

Hong Kong Kidney Foundation Hong Kong Dietitian Association Hong Kong Society of Nephrology Hong Kong Association of Renal Nurses

2. Engagement - Patient

- a. Focus group to identify what patients need, wish to know
- b. Survey on what information patients want to know, generated a list.

































4. Recipes modified by dietitians to be suitable for kidney patients



Original recipe		Modified recipe			
Pork chop 2-3 pieces (360g)		Lean Pork chop	2-3 pieces (360g)		
Corn	½ can (200g)	Fresh Corn	1 bowl (145g)		
Corn in cream sauce	½ can (200g)	Sugar free almond milk	200 mL		
Egg	1				
		Low-gluten flour	1 table spoon		
Oil	Small amount	Canola oil	2 teaspoon		
Marinade					
Light soya sauce	2 tablespoons	Light soya sauce	2 tablespoons		
Dark soya sauce	1 teaspoon				
		Rice wine	1 teaspoon		
Cornstarch	1 teaspoon	Cornstarch	1/2 teaspoon		
Sugar	1 teaspoon	Sugar	1 teaspoon		
Pepper	Moderate	Pepper	Moderate		

		Calorie	Protein	Carbohydrates	Fat	Sodium	Potassium	Phosphorus
8		(Kcal)	(g)	(g)	(g)	(mg)	(mg)	(mg)
	Original	662	52	47	32	1668	958	569
	Modifed	195	22	11	7	220	359	245



Meal type: TOFU



Protein 1 exchange Carbohydrates 0.5 exchange

Low sodium*

Low potassium*

Low Phosphorus*

Eggplant and tofu with miso



HOSPHON

138

INGREDIENTS (SERVE 2)

- 2 eggplant (~120g each)
- 400g of firm tofu
- I tbsp of miso
- I tsp of sugar
- 2 tsp of Japan sake
- 2 tbsp of minced garlic
- 1 tbsp of minced ginger
- Chopped spring onion
- Cornstarch
- 1 tbsp of oil
- I tbsp of white vinegar

PREPARATION

- Wash and cut the eggplant into pieces.
- Ø Boil a pot of water over heat, use a sieve to gently press the eggplant into the water, continue to pressure cook for about 4 minutes, then remove the eggplant and rinse with cold water to cool down.
- Ory the tofu with kitchen paper, place it in a bowl and crush it with a fork.
- Generation Heat a tablespoon of oil in a wok, fry minced ginger and minced garlic until fragrant, then add in chopped tofu and Stir well.
- 6 Add wine, miso and sugar and stir well. Add eggplant and cook on low heat for 5 minutes. If the sauce is too thin, you can add cornstarch water to thicken the gravy, sprinkle with chopped green onion, and serve.

To adjust the protein content, vary the amount of tofu to be consumed.

PROTEIN

O

- To reduce the potassium content, boil the eggplant with water first. It will also prevent the eggplant from turning black.
- To reduce the amount of oil, pre-cook the eggplant before frying, as the eggplant absorbs more oil.

CARBOHYDRATES

TOTAL FAT

PER SERVING

CALORIE

14

Kcal

TIPS

ACKNOWLEDGEMENT Original recipe by Ms. Winnie Leung Hong Kong Dietitian Association - Hong Kong Kidney Foundation Hong Kong Society of Nephrology - Hong Kong Association of Renal Nurses

*Per serving, the nutrient content level is relatively 🔳 low 📒 medium 📕 high 💷 not classified 76

159



Meal type: BEEF, EGG



Protein 2 exchanges Carbohydrates

0.5 exchange

Low sodium*

Low potassium*

Low Phosphorus*

Egg and beef in tomato sauce



HONG KONG, CHINA

HOSPHO

7

PREPARATION

- Ice the beef, add marinade and marinate for 10 minutes.
- Wash and cut the tomato into pieces, cut the onion into shreds (soak onion in water for 2 hours)
- 8 Heat a teaspoon of oil in a wok, fry the eggs until fully cooked, set aside and cut into pieces.
- ④ Heat a teaspoon of oil in a wok, saute garlic until fragrant, add beef slices and fry until half cooked, set aside.
- 6 Add onion to wok to stir fry until half cooked, then add tomatoes and sugar to the wok and stir well.
- 6 Add 200ml of hot water to cover the tomatoes and cook for 5 minutes.
- Return the beef to the wok and stir well.
- Our in the cornstarch water, slowly mix until the sauce thicken, add in the egg and mix. Serve.
- To adjust the protein content, vary the amount of beef to be consumed.

PROTEIN

15

- To reduce potassium, sook the vegetables in water for 2 hours.
- Onion is rich in fiber and vitamins, but relatively low in potassium. It can make the dishes more delicious.

TOTAL FAT

Can add pepper powder to enhance the seasoning. Use garlic to increase the fragrance.

CARBOHYDRATES

To reduce fat, choose lean parts of the beef.

CALORIE

152

Kcal

PER SERVING

ACKNOWLEDGEMENT Original recipe by Ms. Winnie Leung Hong Kong Dietitian Association - Hong Kong Kidney Foundation Hong Kong Society of Nephrology - Hong Kong Association of Renal Nurses

*Per serving, the nutrient content level is relatively 📟 low 😐 medium 🔳 high 💷 not classified

32

25

Cornstarch water
 2 tsp of oil

• 2 tsp of sugar

INGREDIENTS (SERVE 4)

I small onion

2 tomatoes

2 eggs

• 4 cloves of garlic pressed

MARINADE FOR BEEF

200g of lean beef

- ¾ tbsp of light soy sauce
- 1 tsp of cornstarch
- ½ tsp of sesame oil
- Pepper powder

SAUCE • 200ml of water

TIPS

- 5. Recipes reviewed and modified to optimize the options, add in the tips.
- 6. Recipes test-cooked by SF Lui and others, enhancement.

7. Promotion

Hong Kong Kidney Recipe was launched on 2 August 2022 2 episodes of online webinars (19 July and 2 August 2022) broadcasted via YouTube and Facebook.

The recording can be viewed anytime.

- Promoted by newspaper website with a very wide readership.
- Posting on the HKKF website.



Kidneys Talk 2.0 19 July 2022



Renal nutrition and Diet Eat smart, Eat well (1) Good tips

Speakers: Dr. Achilles Lee, Hong Kong Society of Nephrology Ms. Cherry Law, Hong Kong Association of Dietitians

Host:Dr. Sunny Wong, Hong Kong Society of NephrologyMs. SabrinaMok, Hong Kong Association of Dietitians



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Recording: https://hkkf.org.hk/testing/wp-content/uploads/2022/08/KT2_E2_%E9%A3%9F%E9%86%92D%E9%A3%9F%E5%A5%BDD1-%E5%A5%BD%E8%B2%BC%E5%A3%AB.pdf PowerPoint presentation : https://hkkf.org.hk/testing/wp-content/uploads/2022/08/KT2_E2_%E9%A3%9F%E9%86%92D%E9%A3%9F%E5%A5%BDD1-%E5%A5%BD%E8%B2%BC%E5%A3%AB.pdf



Kidneys Talk 2.0 12 August 2022



Renal nutrition and Diet Eat smart, Eat well (2) Good recipes

Speakers:Ms. Sylvia Lam, Hong Kong Society of NephrologyMs. Zoe Vy, Hong Kong Association of Dietitians

Host: Ms. Danica Yau, Hong Kong Association of Dietitians Dr. SF Lui, Hong Kong Kidney Foundation



80

Recording: https://hkkf.org.hk/testing/wp-content/uploads/2022/08/KT2_E2_%E9%A3%9F%E9%86%92D%E9%A3%9F%E5%A5%BDD1-%E5%A5%BD%E8%B2%BC%E5%A3%AB.pdf PowerPoint presentation : https://hkkf.org.hk/testing/wp-content/uploads/2022/08/KT2_E2_%E9%A3%9F%E9%86%92D%E9%A3%9F%E5%A5%BDD1-%E5%A5%BD%E8%B2%BC%E5%A3%AB.pdf





腎病飲食及食譜





























https://hkkf.org.hk/zh/hk-recips/

"OLD" Renal Diet



"NEW" Renal Cuisine



Beef in curry sauce and cauliflower

Stewed pork in black vinegar sauce







 Steamed chicken with dried shiitake mushrooms and cloud ear fugus
 Braised chicken wings with carrots and sweet potatoes with lemongrass



Stir-fried grouper fillet and asparagus with XO sauce





Mustard vegetable, pork shin and white pepper soup



Eggplant and tofu with miso

Stir-fried garlic shoot with fresh mushroom

Steamed meatloaf with oatmeal,

dried mushroom and dried shrimp

Snow fungus, sea coconut, gassho melon & apple soup dried scallop and pork soup

Pork chop in corn sauce

Kung pao shrimps

Dace, zucchini and coriander soup





















Eat smart, Eat well



Not a one-step process to get to "Eat smart, Eat well".

Continuous enhancement of the recipes

- to be more user-friendly, easier to understand,
- to provide more tips
- to standardize the presentation (of tips)
- to be smarter, new ways of cooking

(recipe can be updated easily as it is a web-based version).

- Many interesting and challenging questions for discussion
- The current version as a **Preview version** for healthcare professionals to give feedback and suggestion.

Healthy and good eating for all ...



Cook Smart, Eat Well

MAYO

历日

Mayo Clinic recipes and strategies for healthy living
Jennifer A. Welper, Wellness Executive Chef

The Happy & Healthy You

5 KIDNEY-FRIENDLY RECIPIES FROM JOHN VITO, AUTHOR OF COOKING FOR YOUR KIDNEYS AND KIDNEYX WINNER OF PATIENT INNOVATOR PRIZE

"Includes nutrition facts"

PLANT-BASED DIET AND KIDNEY HEALTH

Eating more plant-based foods such as vegetables and grains in place of animal-based foods such as red meat may help prevent and slow the progression of chronic kidney disease, Type 2 diabetes, high blood pressure, and heart disease.







HARVARD TAST UNIVERSITY

Culinary Health Education Fundamentals (CHEF) Coaching—The Basics

This course offers proven strategies to counsel and motivate patients to improve their cooking habits for better health.

		PACE
		🞓 SUBJECT
		D COURSE LA
🗰 Open May 11, 2020 – May 11, 2023	🖹 Register by April 11, 2023 🏾 🚺 \$220	II DIFFICULTY
What you'll learn		
• Discuss the relationship between home	• Summarize common barriers to home	PLATFORM
cooking and healthExplain the rationale for the importance of the i	cooking, and explore alternative cooking of skills to help address those barriers	TOPIC(S)
patients' culinary behaviors	 Identify strategies to facilitate cooking for improved personal health 	DISEASES DI

•	PACE	Self-paced
	SUBJECT	Health & Medicine

Search

Q

NGUAGE English Intermediate Certificate of Completion Other CANCER DIABETES ISORDERS HEALTHCARE NUTRITION

Ξ VIEW ALL COURSES

individualized home cooking patient education.

🗰 Runs January 11 – February 12, 2021

• Demonstrate patient-centered culinary

strategies for empowering patients to

· Use remote culinary resources to improve

culinary behaviors of physicians and their

knowledge and skills, and describe

What you'll learn

adopt home cooking

Basics

TAKE COURSE

CHEF Coaching Beyond the

This culinary medicine course offers a deep dive into culinary coaching, a proven strategy to improve nutrition, with the use of evidence-based tools and techniques for providing

Closed

patients

• Develop culinary confidence and skills,

improved personal health

learn strategies to facilitate cooking for

HARVARD 17.5 UNIVERSITY

S495

Search

Q



	孢 РАСЕ	Instructor-led				
	subject	Health & Medicine				
	♀ COURSE LANGUAGE	English				
		Intermediate				
	CREDIT	CE/CME Certificate				
, and		HMS Continuing Education				
)r	TOPIC(S)	HEALTH HEALTHCARE				
	NUTRITION					

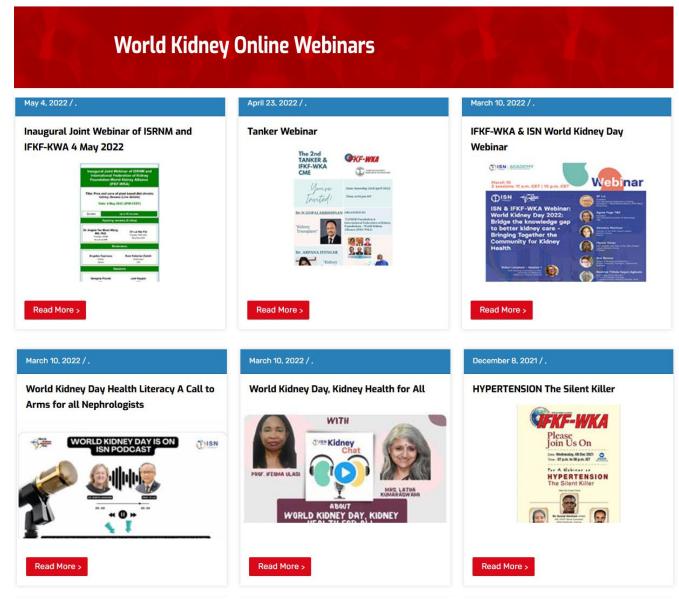
SF Lui attended these Interesting courses.



One kidney world, One common goal Better kidney health for all Better care of patients with kidney disease for a better life Eat Smart, Eat well







87



Chronic kidney disease (CKD) affects about 10% of global population with an increasing prevalence¹ and the CKD burder in Hong Kong is expected to be high. Undoubtedly, adherence to healthy diets is an important measure in the management of CKD and is recommended by international guidelines. Particularly, protein restriction has been recommended for CKD patients, but the compliance to the recommended diet is low in reality. Thus, reconsideration on the recomme on dietary intervention and the approach for delivering kidney health information to CKD patients is urgently needed. In a recent interview, Dr. Lui Siu Fai, President of International Federation of Kidney Foundations - World Kidney Alliance (IFKF-WKA), and Dr. Wang Yee Moon Angela, President of the national Society of Renal Nutrition and Metabolism, shared their expertise on dietary intervention for patients with kidney seases and discussed the essence of health literacy as well as its significance in improving clinical dietary advic

The Impact of High-protein Diet on Renal Function

Dr. Angela Yee-Moon Wang

International Society of

Renal Nutrition and

Metabolism (ISRNM)

MD. PhD

President of

Dr. Lui Siu Fa

BBS, MH, JP

President of

International

Federation of

(IFKF-WKA)

Kidney Foundations

World Kidney Alliance

A high consumption of proteins could be detrimental to kidney function through several mechanisms. Dr. Wang addressed that high dietary protein intake may lead to afferent arteriole vasodilatation and efferent arteriole vasoconstriction resulting in an increased intra-glomerular pressure and glomerular hyperfiltration, which in the long-term can lead to de novo or aggravating pre-existing CKD. Briefly, glomerular hyperfiltration would stimulate mesangial cell signaling to increase the level of transforming growth factor-B (TGF-B), which subsequently contributes to the progression of kidney fibrosis. Besides, protein-rich foods contain high levels of advanced glycation end products (AGEs), which would impair protein degradation leading to basement membrane thickening and mesangial expansion in glomerulus of diabetic kidney disease (DKD). Notably, the pathogenic response of AGEs could be mediated with the proinflammatory receptor for AGE (RAGE) presented on glomerular cells, whereas RAGE activated signals culminating in cellular inflammation and death (Figure 1)². Dr. Wang emphasised that the impacts of high protein diet are not limited solely in the glomeruli. "There are research works suggesting that high-protein diet increases the risk of inflammation in kidney, and diseases such as hypertension," she noted.

High protein diet Glomeruli Afferent arteriole vasodilatation & efferent arteriole vasoconstriction Increases intraglomerular pressure Increases hyperfiltration RAGE in podocyte (DKD) Increases Increases RAAS mesangial cell signaling Increases cell death 1 Increases inflammation Increases TGF-B Increases Fibrosis Figure 1. Possible mechanisms of hig RAAS: renin-angiotensin-aldo

Low-protein Equals Renoprotective?

Low-protein diet has been suggested to provide many advantages in the management of CKD patients by reducing nitrogen waste products and decreasing kidney workload through lowering intra-glomerular pressure. Low-protein die s also reported to induce favorable metabolic effects that ca preserve kidney function and help to control uremic symptom

The Modification of Diet in Renal Disease (MDRD) study is considered the largest randomised control trials (RCT),





and mass media platforms

kidney failure.

Recipes

Apart from individual health literacy, organisational health

health information and services easy to understand and

literacy defines the role of healthcare organisations in making

access⁸ In this regard, the "Kidneys Talk" webinar series, which

options and healthy diets for CKD patients have been launched

aim to provide information on kidney health and treatment

in 2021. The webinar series are broadcasted at various online

Making Sense of Renal Dietary Advice

information has to be in the right format which is

meet their recommended dietary requirements.

With the right information and platforms, the healthcare

understandable and, more importantly, applicable for patients.

In the context of renal dietary advice, Dr. Lui emphasised that

the information has to be simple and layman. "The prerequisite

Recipes") is the patients' basic knowledge of nutrition and diet

to use the refined dietary intervention (the "World Kidney

for kidney disease. They also need to be aware of their own condition." Dr. Lui addressed. When using the World Kidney

Recipes, patients are expected to amend their own recipes to

recommendations. Dr. Lui commented that the numeric data in

traditional dietary recommendation would be rather confusing.

conditions, such as body weight and biochemistry and stage of

designing the recipes. For instance, 1 exchange portion denotes

Practically, patients do not need to have a different recipe for

different stages of kidney failure, or renal replacement therapy,

but to modify the recipe, such as the portion size, according to

Bring the Joy Back into Eating – The World Kidney

The main goal of the of World Kidney Recipes is to galvanise

patients and their care partners to work with gastronomic

experts and dietetic professionals, including chefs and

Moreover, Dr. Lui suggested the use of exchange portions in

7g of protein, which also denotes 15g of carbohydrates.

the advices of healthcare professionals.

Translating the scientific data into applicable information

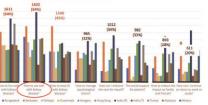
is essential for allowing the patients to follow the dietary

Hence, he proposed to classify the levels of nutrients with

indicators such as "high", "medium", and "low" in addition

to numeric values. He added that the indicator is only a relative measure that needs to take into account the patient's

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living well with kidney disease you want to know?

Figure 3. Key healthcare/medical concerns among patients with kidney diseases (data provided by Dr. Lui)

Healthy Dietary Pattern Matters

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Apart from the amount of protein intake, Dr. Wang emphasised the importance of adopting a healthy dietary pattern. She noted that current clinical recommendations tend to take patients' outcomes, quality of life, and sense of wellbeing into account instead of focusing on the dietary restriction on a single nutrient.

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Dr. Wang advised to intake more vegetables and fruits and ess meats, especially the processed ones. Indeed, the benefits associated with vegetables and fruits have been reported extensively. While metabolic acidosis in CKD is aggravated by the high consumption of meat and refined cereals, increasing the dietary acid load, the intake of fruits and vegetables is able to neutralize the acidosis and its deleterious consequences⁵ However, based on Dr. Wang's observation, more than 50% of patients in her clinic have not taken enough plant-based proteins with health benefits, but having too much processed

On the other hand, Dr. Wang reminded to notice the patients' salt intake. Remarkably, she highlighted that high dietary potassium is associated with a decrease in blood pressure, particularly in the presence of a high-sodium diet⁶

"Allowing patients to living well with kidney diseases is essential while the key noint is to adont a healthy dietary. pattern," Dr. Wang said. She stressed that the healthy dietary pattern has to be adopted as soon as possible, but not after diagnosis of kidney disease is documented.

The Role of Health Literacy

Recently, the IFKF-WKA conducted an online survey among patients with kidney diseases worldwide, the results revealed that the information on how to eat well with kidney diseases is a core concern for the participants (Figure 3).

Dr. Lui further addressed that healthcare professionals are a trusted source of healthcare information for the patients. Therefore, he noted that it is the responsibility of healthcare professionals to facilitate patients to find the right information at the right platform in the right format. Of importance, the information has to be understandable for patients. This highlights the essence of improving health literacy, which refers to the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions?

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dietitians, to inspire creativity in culinary medicine and medical nutrition therapy in kidney care. Practically, it is to translate the dietary recommendations into day-to-day practice for patients with kidney diseases. In the process, the role of dietitians is crucial that they help modifying the recipes to be suitable for kidney patients (Figure 4).

Original recipe			Modified recipe					
Pork cho	10		2-3 pieces (360g)	Lean Pork chop			2-3 pieces (360g)	
Com			% can (200g)	Fresh Corn		1 bowl (145g)		
Corn in a	cream saud		16 can (200g)	Sugar free almond milk		200 mL		
Egg			1					
				Low gloten flour		1 table spoon		
Oil			Small amount	Cansia oil		2 teaspoon		
Marinad	le			10000				
Light soya sauce			2 tablespoons	Light soya sauce			2 tablespoons	
Dark soya sauce		1 teaspoon						
		and the second s	Rice wine			1 teaspoon		
Corristarch			1 teaspoon	Cornstarch			1/2 teaspoon	
Sugar			1 teaspoon	Sugar			1 teaspoon	
Pepper		Moderate	Pepper		_	Moderate		
	Calorie (Kcal)	Protein	Carbohydrates (g)	Fat (g)	Sodium (mg)	Potas (m		Phosphoru (ma)
Original	662	52	47	32	1668	95	18	569
and find	195	- 22	11	7	220	30	9	245

Figure 4. Modified recipe by dietitians for kidney patients (information provided by Dr. Lui)

"We aim to help them to fish, rather than give them the fish," Dr. Lui addressed. Hence, the involvement of patients in the development of the World Kidney Recipes is crucial. Upon improving health literacy, the patients are expected to have basic knowledge on diet and nutrition and their health conditions. Hence, they can decide the number of portions for each meal in accordance with the recommended number of portions. Remarkably, in cases the patients take some food elements in excess in a meal, they can make adjustment in the next meal. This hence enhances the flexibility for natients in meal planning.

Apart from ingredients and preparation procedures, patients can find information on the expected exchange portions sumed from this dish. Each recipe is labeled with indicators coupled with the actual amount of food elements, such as





International Clin Kidney J 2021; 14: 23–35. 2. Ko et al. Am J Kidney Dis 2020; 78: 51-107. 4. Kiahr et al. N Engl J Med 1994; 330: 877-84. 5. Cases et al. Nutrients 2019; 11. DOI:10.3390/ MITIGENES. 6. Discussion at al. Lucestanging 2018; 71: 1018–27. 7. Reports et al. Nachrol Dial Transplot 2021; 36: 1207–21. 8. Report et al. Austrients 2019; 13. DOI:10.3390/ MITIGENES. 6. Discussion at al. Lucestanging 2018; 71: 1018–27. 7. Reports et al. Nachrol Dial Transplot 2021; 36: 1207–21. 8. Report et al. Austrients 2019; 13. DOI:10.3390/ MITIGENES. 6. Discussion at al. Lucestanging 2018; 71: 1018–27. 7. Reports et al. Nachrol Dial Transplot 2021; 36: 1207–21. 8. Report et al. Austrients 2019; 13. DOI:10.3390/ MITIGENES. 6. Discussion at al. Lucestanging 2018; 71: 1018–27. 7. Reports et al. Nachrol Dial Transplot 2021; 36: 1207–21. 8. Report et al. Austrients 2019; 13. DOI:10.3390/ MITIGENES. 6. Discussion at al. Lucestanging 2018; 71: 1018–27. 7. Reports et al. Nachrol Dial Transplot 2021; 36: 1207–21. 8. Report et al. Austrients 2019; 13. DOI:10.3390/ MITIGENES. 7. DISCUSSION AND AUSTRIE AUSTRIANS AND AUSTRIES AND AUSTRIES AUSTRI

low sodium and low phosphorus. Essentially, the recipe also highlights which food elements may be in excess, potassium in this recipe (highlighted in yellow). A remarkable feature of the World Kidney Recipes is the inclusion of tips on cooking skills (in the green box), which helps improving health outcomes and

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Eat Smart, Eat Well

atching with patients' preferences.

Dr. Lui emphasised that it is not a one-step process to get to "eat smart, eat well" for kidney patients. "Continuous enhancement of the World Kidney Recipes is needed to make it more userfriendly, to provide more tips, to include new smarter ways of cooking," he noted. However, there are still challenges for the World Kidney Recipes. Firstly, Dr. Lui highlighted that there is currently no consensus in the standard of "high" and "low" globally, whereas the working group of World Kidney Recipes adopted the Australian standard. On the other hand, the current recipes focus on home cooking, but the case of dining out is not included. The amount of food elements consumed when dining out may be difficult to be estimated and control, but it is crucial for the patients to aware on the food contents they intake.

In summary, Dr. Lui commented that a balance between nutrition requirements and protecting kidney functions has to be established. The key issue is to empower the patients to choose the appropriate food and to prepare and serve them correctly, based on the recommendations of healthcare professionals. As addressed by Dr. Wang, to slow down kidney failure, dietary pattern definitely has a vital role. She stressed that maintaining the appropriate balance between plant-based protein and meat-based protein is essential. In reality, the restrictive diet adversely impact the quality of life for kidney patients, thus a change from restrictive diet to modified diets is needed to improve compliance and health outcomes. Finally Dr. Wang concluded with the name of a nutritional education





The fun of cooking

The joy of eating (appetizing)



Hong Kong

- Hong Kong Kidney Foundation
- Hong Kong Dietitian Association
- Hong Kong Society of Nephrology
- Hong Kong Association of Renal Nurses
- Ms. Winnie Leung (original recipes)
- Ms. Ann Fong (graphics)

IFKF-WKA members (recipes)

India			
Italy			
Malaysia			
Mexico			
South Africa			
Türkiye			

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